

EXHIBIT 5a

PART 4

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

#10924-052

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4447798	11	08-24-04	08-18-61	43	M			U	000226525

MOSHIER, DONALD
PO BOX 5000
BRADFORD
Phone#: (814) 362-8900
PA 16701
Date: 08/24/04
Time: 13:31

Ref Phys:

Att Phys: HORSLEY, ROSS, DR.

Adm Phys:

Procedure: 0809 CT - Biopsy

Adm Dx: CT LIVER BIOPSY

Tech: JANB

Approval #:

Explained to Pt: Y

Preg: NA Shielded: NA

Req Phys: BEAM

Reason: ELEVATED LFTS

Priority: Routine

Date to do: 08-24-04

Preg Status: Patient is Male

LMP Status:

Location: LIVER

Comments:

Consent: NA Prepped: NA

2nd Chk LMP: NA

Cont. Sensitive: NA

Oral contrast: NA

Alrgy: NA

Lab Tests: NA Attempts:

Contrast: N

Dose:

Time:

Site:

Tech:

Handicap:

Resuscitate:

High Risk Falls:

Radiologist: Mark J. Welch, MD

0809 CT - Biopsy

Date Typed: 8/24/2004

Date Dictated: 8/24/2004

CT LIVER BIOPSY:

CT guided liver biopsy was performed. Before the examination started a CT of the entire abdomen was performed without contrast. The liver is in the upper limits of normal for size. The spleen is unremarkable. The gallbladder is normal. The kidneys are normal. The pancreas and adrenals are normal. Following this a CT guided biopsy was performed after an appropriate site was chosen. Subcutaneous Lidocaine was infiltrated into the soft tissues and two core biopsies were obtained. The liver had the consistency of wood. The patient tolerated the procedure without complications.

kte

[Signature]
H. BEAM, MD
FCI MCKEAN
8/26/04

Electronic verification by Mark J. Welch, MD

000196

0001

Facility:

MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 05/2005

Prescriptions

Order Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
04/29/05	0600																														
Exp. Date	10924-052																														
RX #	600385																														
Order Date	APAP/COBENINE 300/50-MG UB																														
Exp. Date	10924-052																														
RX #	1330																														

TAKE TWO TABLETS THREE TIMES DAILY FOR 5 DAYS

DIC 5/13/05

000197

Order Date	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Exp. Date	10924-052																														
RX #	600385																														
Order Date	APAP/COBENINE 300/50-MG UB																														
Exp. Date	10924-052																														
RX #	1330																														

Documentation Codes:

H - Hold

R - Refused

DC - Discontinued Order

S - Self Administered

NS - No Show

O - Other

DOB: 08/18/1961

HT: 6'1"

WT: 260

Allergies: NKA

Diagnosis: NKD

Unit: 202-103LDS

Pill Line#:

Pt. Name: MOSHIER, DONALD L

Registration #: 10924-052

Physician: BEAM, MD

[illegible]

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 04/2005

Prescriptions		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Order Date	MOSHIER, DONALD L	BEAM, MD																														
04/27/05	10924-052																															
Exp. Date	TAKE TWO TABLETS TWICE DAILY FOR 3 DAYS AS NEEDED FOR PAIN																															
04/29/05																																
RX #	600384	APAP/CODEINE 300/30 MG UD																														
05/03/05																																
Exp. Date	10924-052	H. BEAM, MD (O) Refill 113																														
05/03/05																																
Rx #	600385	APAP/CODEINE 300/30 MG UD																														
05/03/05																																
Order Date																																
Exp. Date																																
RX #																																
Order Date																																
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RX #																																
Order Date																																
Exp. Date																																
RX #																																

000199

9/9

DIS

2/9

Documentation Codes: H - Hold R - Refused DC - Discontinued Order S - Self Administered NS - No Show O - Other

DOB: 08/18/1961 HT: 6'1" WT: 260 Allergies: NKA

Unit: Z02-103LDS

Pt. Name: MOSHIER, DONALD L

Registration #: 10924-052

Physician: BEAM, MD

BOP 31-DAY M TRAK# WFP02B

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 10/2004

[illegible]

Mo/Yr:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temperature																															
Pulse Rate																															
Respiration																															
Blood Pressure																															
Blood Sugar																															

000202

[illegible]

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year:

04/2005

Prescriptions		Time																																	
Order Date	MOSHER, DONALD L	BEAM, MD		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Exp. Date 05/10/05	TAKE THREE CAPSULES TWICE DAILY																																		
RX # 179552	RIBAVIRIN 200MG CAP		#90																																
Order Date																																			
Exp. Date																																			
RX #																																			
Order Date																																			
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Order Date																																			
Exp. Date																																			
RX #																																			
Documentation Codes:	H - Hold	R - Refused	DC - Discontinued Order	S - Self Administered	NS - No Show	O - Other																													
DOB: 08/18/1961	HT: 6'1"	WT: 260	Allergies: NKA	Diagnosis: MKD																															
Pt. Name: MOSHER, DONALD L																																			
Physician: BEAM, MD																																			
Registration #: 10924-052																																			
Pill Line#: 10924-052																																			

[illegible][illegible]

000204

MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

02/2005

Facility:

Month/Year:

Prescriptions

Order Date

10924-052

BEAM, MD

Exp. Date

TAKE THREE CAPSULES TWICE
DAILY **DOSE INCREASE**

RX #

RIBAVIRIN 200MG CAP

#180

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Documentation Codes:

H - Hold

R - Refused

DC - Discontinued Order

S - Self Administered

NS - No Show

O - Other

DOB: A04-203U

HT:

WT:

Allergies:

Diagnosis:

BEAM MD

Unit: MOSHER, DONALD L

Pt. Name:

Registration #:

10924-052

Physician:

BEAM MD

1930
10/12/05
10/13/05
10/14/05
10/15/05
10/16/05
10/17/05
10/18/05
10/19/05
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10/28/05
10/29/05
10/30/05
10/31/05

000205

Temperature
Pulse Rate
Respiration
Blood Pressure
Blood Sugar

[illegible]

000206

Month/Year: 01/2005

Prescriptions		Time		Month/Year: 01/2005																														
Order Date	Exp. Date	RX #	Prescription	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
12/29/04	03/28/05	177811	MOSHIER, DONALD L BEAM, MD TAKE TWO CAPSULES EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #120 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #180 TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**																															
01/12/05	10924-052	10924-052	RIBAVIRIN 200MG CAP #1																															

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Dr. L. L. L.

Medication Summary Sheet

Ord. Date 01/23/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 04/21/04	10924-052	(2) Refills
Rx #	TAKE ONE CAPSULE TWICE DAILY	
162411	TETRACYCLINE HCL 500 MG CAP	#60
Ord. Date 01/23/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 04/21/04	10924-052	(2) Refills
Rx #	TAKE ONE TABLET TWICE DAILY	
162412	RANITIDINE 150 MG TAB	#60
Ord. Date 01/23/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 04/21/04	10924-052	(0) Refills
Rx #	PUT 2 DROPS IN AFFECTED EARS THREE TIMES DAILY	
162413	CARBAMIDE PEROXIDE 6.5% OTIC	#1
Ord. Date 01/23/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 04/21/04	10924-052	(2) Refills
Rx #	TAKE TWO TABLETS TWICE DAILY AS NEEDED	
162414	ACETAMINOPHEN 500 MG TAB	#30
Ord. Date 05/21/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 06/09/04	10924-052	(0) Refills
Rx #	TAKE 1 TABLET 2 TIMES DAILY UNTIL ALL TABLETS ARE GONE. DO NOT SKIP DOSES. **ANTIBIOTIC**	
167742	SULFAMETH/TRIMETH DS 800MG/160MG TAB	#20
Ord. Date 05/21/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 08/18/04	10924-052	(2) Refills
Rx #	SHAKE WELL: TAKE 2 PUFFS 4 TIMES DAILY.	
167743	ALBUTEROL INH 90MCG 17GM	#1
Ord. Date 05/24/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/21/04	10924-052	(2) Refills
Rx #	TAKE ONE CAPSULE TWICE DAILY	
167747	TETRACYCLINE HCL 500 MG CAP	#60
Ord. Date 05/24/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 08/21/04	10924-052	(2) Refills
Rx #	TAKE ONE TABLET TWICE DAILY	
167748	RANITIDINE 150 MG TAB	#60
Ord. Date 05/24/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 08/21/04	10924-052	(2) Refills
Rx #	TAKE ONE TABLET TWICE DAILY	
167749	ACETAMINOPHEN 500 MG TAB	#30

Ord. Date 08/06/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 11/03/04	10924-052	(2) Refills
Rx #	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
171265	ALBUTEROL INH 90MCG 17GM	#1
Ord. Date 08/17/04	MOSHIER, DONALD L	S. LABRUZZI
Exp. Date 11/14/04	10924-052	(3) Refills
Rx #	APPLY VERY SMALL AMOUNT TO AFFECTED AREAS OF LOWER LEGS 4 TIMES DAILY AS NEEDED FOR ITCHING.	
171815	HYDROCORTISONE CREAM 1% GM	#1
Ord. Date 08/17/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 09/13/04	10924-052	(0) Refills
Rx #	TAKE 1 TABLET 3 TIMES DAILY FOR 10 DAYS. DO NOT SKIP DOSES. *ANTIBIOTIC*	
171816	AMOXICILLIN/CLAV 500/125MG TAB	#30
Ord. Date 08/17/04	MOSHIER, DONALD L	S. LABRUZZI
Exp. Date 09/30/04	10924-052	(0) Refills
Rx #	SHAKE WELL: PLACE 4 DROPS INTO YOUR RIGHT EAR 4 TIMES DAILY.	
171817	NEOMYCIN/POLY B/HC OTIC SUSP ML	#1
Ord. Date 08/17/04	MOSHIER, DONALD L	S. LABRUZZI
Exp. Date 11/14/04	10924-052	(0) Refills
Rx #	SHAKE WELL: APPLY TO AREA & LATHER WITH SMALL AMOUNT OF WATER. LEAVE ON SKIN X 10 MINUTES. RINSE THOROUGHLY. REPEAT ONCE DAILY.	
171818	SELENIUM SULFIDE LOTION 2.5% ML	#1
Ord. Date 08/19/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 11/16/04	10924-052	(2) Refills
Rx #	TAKE ONE CAPSULE TWICE DAILY	
171990	TETRACYCLINE HCL 500 MG CAP	#60
Ord. Date 08/19/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 11/16/04	10924-052	(2) Refills
Rx #	TAKE ONE TABLET TWICE DAILY	
171991	RANITIDINE 150 MG TAB	#60
Ord. Date 08/19/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 11/16/04	10924-052	(2) Refills
Rx #	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
171993	ALBUTEROL INH 90MCG 17GM	#1
Ord. Date 08/19/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 11/16/04	10924-052	(4) Refills
Rx #	TAKE TWO TABLETS TWICE DAILY	
171992	ACETAMINOPHEN 500 MG TAB	#30

MOSHIER, DONALD L
10924-052
MCKEAN HOUSING FACILITY - A04-
01/23/2004

FCI
McKean

000209

Ord. Date 09/24/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (8)Refills
Exp. Date 12/22/04 TAKE 15ML (1 TABLESPOONFUL) TWICE DAILY
Rx # 173599 LACTULOSE 10GM/15ML ML #1

Ord. Date 09/28/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 12/26/04 INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 173738 ALBUTEROL INH 90MCG 17GM #1

Ord. Date 10/08/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (3)Refills
Exp. Date 01/05/05 TAKE THREE CAPSULES TWICE DAILY
Rx # 174355 RIBAVIRIN 200MG CAP #0 1930

Ord. Date 10/08/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (13)Refills
Exp. Date 01/05/05 INJECT IM 180 MCG SC WEEKLY
Rx # 174354 PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #0

Ord. Date 10/20/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (3)Refills
Exp. Date 02/16/05 TAKE ONE CAPSULE TWICE DAILY
Rx # 174776 TETRACYCLINE HCL 500 MG CAP #60

Ord. Date 10/20/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 01/17/05 TAKE ONE TABLET TWICE DAILY
Rx # 174777 RANITIDINE 150 MG TAB #60

Ord. Date 10/20/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 01/17/05 TAKE TWO TABLETS TWICE DAILY AS NEEDED
Rx # 174778 ACETAMINOPHEN 500 MG TAB #30

Ord. Date 11/24/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (12)Refills
Exp. Date 02/21/05 INJECT IM 90 MCG SC WEEKLY
DOSE DECREASE TO 0.5 CC
Rx # 176485 PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1
Ord. Date 11/24/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 02/21/05 TAKE ONE CAPSULE EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE DECREASE**
Rx # 176486 RIBAVIRIN 200MG CAP #90 1930

Ord. Date 11/24/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 02/21/05 APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 176487 BACITRACIN OINT #1

Ord. Date 11/12/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 02/09/05 APPLY TO AFFECTED AREA TWO TIMES A DAY
Rx # 175860 HYDROCORTISONE 1% CRM #1

Ord. Date 11/12/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 02/09/05 TAKE ONE TABLET EACH DAY
Rx # 175859 RABEPRAZOLE 20MG TAB #30

Ord. Date 11/12/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (8)Refills
Exp. Date 02/09/05 TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY
Rx # 175861 LACTULOSE 10GM/15ML ML #1

Ord. Date 11/12/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 02/09/05 TAKE ONE CAPSULE TWICE DAILY
Rx # 175858 DOXYCYCLINE 100 MG CAP #60

Ord. Date 11/12/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 02/09/05 INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 175857 ALBUTEROL INH 90MCG 17GM #1

Ord. Date 11/12/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (11)Refills
Exp. Date 02/09/05 INJECT IM 180 MCG SC WEEKLY
Rx # 175856 PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1

Ord. Date 11/12/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (2)Refills
Exp. Date 02/09/05 TAKE THREE CAPSULES TWICE DAILY
Rx # 175855 RIBAVIRIN 200MG CAP #180 1930

Ord. Date 11/30/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (6)Refills
Exp. Date 12/27/05 TAKE TWO TABLETS TWICE DAILY
Rx # 176617 ACETAMINOPHEN 500 MG TAB #30

Ord. Date 12/17/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (6)Refills
Exp. Date 03/16/05 TAKE TWO TABLETS TWICE DAILY
Rx # 177379 ACETAMINOPHEN 500 MG TAB #28

Ord. Date 12/22/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (6)Refills
Exp. Date 03/21/05 TAKE 1 TABLESPOONFUL (15ML) TWICE DAILY
Rx # 177631 LACTULOSE 10GM/15ML ML #1

Ord. Date 12/22/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (12)Refills
Exp. Date 03/21/05 TAKE ONE CAPSULE EACH DAY
Rx # 177628 OMEPRAZOLE 20MG CAP #7

Ord. Date 12/22/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (12)Refills
Exp. Date 03/21/05 TAKE ONE CAPSULE TWICE DAILY
Rx # 177629 DOXYCYCLINE 100 MG CAP #14

Ord. Date 12/22/04 MOSHIER, DONALD L H. BEAM, MD
10924-052 (3)Refills
Exp. Date 03/21/05 INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED
Rx # 177630 ALBUTEROL INH 90MCG 17GM #1

000210

Month/Year: 12/2004

[illegible]

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 11/2004

Prescriptions

Unit: 10924-052
11/204
Exp Date: 10924-052
02/09/05
TAKE THREE CAPSULES TWICE DAILY

Rx #

175855 RIBAVIRIN 200MG CAP

#180 193C

Order Date: 11/24/04
MOSHIER, DONALD L

Exp Date: 10924-052
02/09/05

Rx #
176486 RIBAVIRIN 200MG CAP

Exp Date: 10924-052
02/09/05

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Documentation Codes:

H - Hold

R - Refused

DC - Discontinued Order

S - Self Administered

NS - No Show

O - Other

DOB: 08/18/1961

HT: 6'1"

WT: 260

Allergies: NKA

Diagnosis: NKD

Unit: A04-203U

Pill Line#:

Pt. Name: MOSHIER, DONALD L

Registration #:

10924-052

Physician:

BEAM MD

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
0600																															
1200																															
1800																															

000212

Facility: MCKEAN HOUSING FACILITY (MCK)

Medication Administration Record

Month/Year: 10/2004

Prescriptions		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Order Date	MOSHIER, DONALD L	10/08/04																															
Exp. Date	10/05/05																																
RX #	174395																																
Order Date	RIBAVIRIN 200MG CAP	#180																															
Exp. Date																																	
RX #																																	
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RX #																																	

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000213

Documentation Codes: H - Hold R - Refused DC - Discontinued Order S - Self Administered NS - No Show O - Other

DOB: 08/18/1961 HT: 6'1" WT: 260 Allergies: NKA Diagnosis: NKD

Unit: A04-2030

Pt. Name: MOSHIER, DONALD L

Registration #: 10924-052

Physician: BEAM, MD

Medication Summary Sheet

Ord.Date 05/12/03	MOSHIER, DONALD L	E. ASP
Exp.Date 09/10/03	10924-052	(0)Refills
	INHALE 2 PUFFS IN EACH NOSTRIL 4 TIMES A DAY AND AS NEEDED	
Rx #	148006	SALINE NASAL SPRAY #1
Ord.Date 05/12/03	MOSHIER, DONALD L	E. ASP
Exp.Date 09/31/03	10924-052	(0)Refills
	TAKE ONE TABLET TWICE DAILY AS NEEDED	
Rx #	148005	IBUPROFEN 800 MG TAB #10
Ord.Date 05/12/03	MOSHIER, DONALD L	E. ASP
Exp.Date 09/31/03	10924-052	(0)Refills
	TAKE ONE TABLET TWICE DAILY	
Rx #	148004	TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #10
Ord.Date 05/27/03	MOSHIER, DONALD L	B. SAYLOR
Exp.Date 06/25/03	10924-052	(0)Refills
	TAKE ONE TABLET EVERY EIGHT HOURS AS NEEDED	
Rx #	148812	CHLORPHENIRAMINE 4 MG TAB #21
Ord.Date 05/27/03	MOSHIER, DONALD L	B. SAYLOR
Exp.Date 06/25/03	10924-052	(0)Refills
	TAKE ONE OR TWO TABLETS EVERY 4 TO 6 HOURS AS NEEDED	
Rx #	148813	ACETAMINOPHEN 325 MG TAB #20
Ord.Date 05/27/03	MOSHIER, DONALD L	B. SAYLOR
Exp.Date 06/09/03	10924-052	(0)Refills
	TAKE ONE CAPSULE 3 TIMES A DAY FOR 10 DAYS	
Rx #	148814	AMOXICILLIN 500 MG CAP #30
Ord.Date 06/13/03	MOSHIER, DONALD L	S. LABROZZI
Exp.Date 07/12/03	10924-052	(0)Refills
	TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED FOR COLD SYMPTOMS	
Rx #	149676	TRIPROL/PSEUDO 2.5/60MG TAB #20
Ord.Date 06/13/03	MOSHIER, DONALD L	S. LABROZZI
Exp.Date 08/11/03	10924-052	(1)Refills
	TAKE ONE TABLET EVERY FOUR HOURS AS NEEDED FOR PAIN	
Rx #	149675	IBUPROFEN 400 MG TAB #30
Ord.Date 06/13/03	MOSHIER, DONALD L	S. LABROZZI
Exp.Date 09/10/03	10924-052	(2)Refills
	TAKE 1 TO 2 TABLETS FOUR TIMES DAILY AS NEEDED	
Rx #	149674	BISMUTH SUBSAL 262MG/15ML SUSP #1
Ord.Date 09/02/03	MOSHIER, DONALD L	E. ASP
Exp.Date 10/01/03	10924-052	(0)Refills
	TAKE ONE TABLET THREE TIMES DAILY AS NEEDED	
Rx #	154174	IBUPROFEN 800 MG TAB #28

Ord.Date 06/13/03	MOSHIER, DONALD L	S. LABROZZI
Exp.Date 07/02/03	10924-052	(1)Refills
	TAKE ONE CAPSULE 3 TIMES A DAY FOR 14 DAYS	
Rx #	149673	AMOXICILLIN 500 MG CAP #21
Ord.Date 06/13/03	MOSHIER, DONALD L	S. LABROZZI
Exp.Date 07/12/03	10924-052	(0)Refills
	INHALE 1 TO 2 PUFFS FOUR TIMES DAILY AS NEEDED	
Rx #	149672	ALBUTEROL INHALER 17 GM #1
Ord.Date 06/23/03	MOSHIER, DONALD L	J. GLENN
Exp.Date 07/02/03	10924-052	(0)Refills
	TAKE ONE TABLET THREE TIMES DAILY FOR 5 DAYS	
Rx #	150142	TRIPROL/PSEUDO 2.5/60MG TAB #15
Ord.Date 06/23/03	MOSHIER, DONALD L	S. LABROZZI
Exp.Date 09/10/03	10924-052	(3)Refills
	TAKE ONE CAPSULE TWICE DAILY UNTIL FINISHED (TAKE ON EMPTY STOMACH WITH A FULL GLASS OF WATER)	
Rx #	150190	TETRACYCLINE HCL 500 MG CAP #30
Ord.Date 07/22/03	MOSHIER, DONALD L	E. ASP
Exp.Date 09/04/03	10924-052	(2)Refills
	TAKE ONE TABLET TWICE DAILY	
Rx #	151839	RANITIDINE 150 MG TAB #20
Ord.Date 07/22/03	MOSHIER, DONALD L	E. ASP
Exp.Date 07/31/03	10924-052	(0)Refills
	TAKE ONE TABLET TWICE DAILY **DRINK PLENTY OF WATER**	
Rx #	151840	GUAIFENESIN LA 600MG TAB #14
Ord.Date 07/22/03	MOSHIER, DONALD L	E. ASP
Exp.Date 07/26/03	10924-052	(0)Refills
	TAKE ONE TABLET THREE TIMES DAILY **MAY CAUSE DROWSINESS**	
Rx #	151841	TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #15
Ord.Date 09/02/03	MOSHIER, DONALD L	E. ASP
Exp.Date 09/21/03	10924-052	(0)Refills
	TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED **DO NOT USE WITH ACTIFED**	
Rx #	154175	CHLORPHENIRAMINE 4 MG TAB #12
Ord.Date 09/02/03	MOSHIER, DONALD L	E. ASP
Exp.Date 09/21/03	10924-052	(0)Refills
	TAKE ONE TABLET THREE TIMES DAILY AS NEEDED	
Rx #	154176	TRIPROL/PSEUDO 2.5/60MG TAB #15
Ord.Date 09/02/03	MOSHIER, DONALD L	E. ASP
Exp.Date 11/30/03	10924-052	(3)Refills
	TAKE ONE CAPSULE TWICE DAILY	
Rx #	154177	TETRACYCLINE HCL 500 MG CAP #30

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McKean

000214

Ord.Date 09/18/03 MOSHIER, DONALD L B. SAYLOR
Exp.Date 10/17/03 10924-052 (0)Refills
TAKE 2 TABLESPOONFULS (30CC) UP
TO FOUR TIMES DAILY AS NEEDED
Rx # 155162 BISMUTH SUBSAL 262MG/15ML SUSP #1

Ord.Date 09/18/03 MOSHIER, DONALD L B. SAYLOR
Exp.Date 10/07/03 10924-052 (0)Refills
TAKE ONE TABLET TWICE DAILY
Rx # 155163 GUAIFENESIN LA 600MG TAB #10

Ord.Date 09/18/03 MOSHIER, DONALD L B. SAYLOR
Exp.Date 10/17/03 10924-052 (0)Refills
TAKE TWO TABLETS FOUR TIMES
DAILY AS NEEDED
Rx # 155164 ACETAMINOPHEN 500 MG TAB #20

Ord.Date 09/30/03 MOSHIER, DONALD L J. GLENN
Exp.Date 10/19/03 10924-052 (0)Refills
TAKE ONE TABLET THREE TIMES DAILY
FOR 5 DAYS
Rx # 155712 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #15

Ord.Date 09/30/03 MOSHIER, DONALD L J. GLENN
Exp.Date 11/28/03 10924-052 (1)Refills
TAKE ONE OR TWO TABLETS THREE
TIMES DAILY WITH FOOD AS NEEDED
Rx # 155713 IBUPROFEN 400 MG TAB #20

Ord.Date 09/30/03 MOSHIER, DONALD L J. GLENN
Exp.Date 10/29/03 10924-052 (0)Refills
INHALE 2 PUFFS FOUR TIMES DAILY AS
NEEDED
Rx # 155714 ALBUTEROL INH 90MCG 17GM #1

Ord.Date 09/30/03 MOSHIER, DONALD L J. GLENN
Exp.Date 10/13/03 10924-052 (0)Refills
TAKE ONE CAPSULE THREE TIMES
DAILY FOR 10 DAYS
Rx # 155715 AMOXICILLIN 500 MG CAP #30

Ord.Date 10/10/03 MOSHIER, DONALD L R. PIOTROWSKI
Exp.Date 10/24/03 10924-052 (0)Refills
TAKE ONE CAPSULE THREE TIMES
DAILY UNTIL FINISHED
Rx # 56495 AMOXICILLIN 500 MG CAP #30

Ord.Date 10/10/03 MOSHIER, DONALD L R. PIOTROWSKI
Exp.Date 10/18/03 10924-052 (0)Refills
TAKE ONE TABLET FOUR TIMES DAILY
MAY CAUSE DROWSINESS
Rx # 156496 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #20

Ord.Date 10/10/03 MOSHIER, DONALD L R. PIOTROWSKI
Exp.Date 10/29/03 10924-052 (0)Refills
TAKE 1-2 TABLETS THREE TIMES DAILY
AS NEEDED WITH FOOD
Rx # 156497 IBUPROFEN 400 MG TAB #20

Ord.Date 10/18/03 MOSHIER, DONALD L H. BEAM,MD
Exp.Date 01/13/04 10924-052 (2)Refills
TAKE TWO TABLETS TWICE DAILY
Rx # 156882 ACETAMINOPHEN 500 MG TAB #30

Ord.Date 11/21/03 MOSHIER, DONALD L J. GLENN
Exp.Date 12/04/03 10924-052 (0)Refills
TAKE ONE CAPSULE 3 TIMES A DAY
FOR 10 DAYS
Rx # 158940 AMOXICILLIN 500 MG CAP #30

Ord.Date 11/21/03 MOSHIER, DONALD L J. GLENN
Exp.Date 11/27/03 10924-052 (0)Refills
TAKE ONE TABLET THREE TIMES DAILY
FOR 5 DAYS
Rx # 158963 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #15

Ord.Date 11/21/03 MOSHIER, DONALD L J. GLENN
Exp.Date 12/20/03 10924-052 (0)Refills
TAKE 2 TABLESPOONFULS (30CC)
THREE TIMES DAILY AS NEEDED
Rx # 158964 BISMUTH SUBSAL 262MG/15ML SUSP #1

Ord.Date 12/01/03 MOSHIER, DONALD L S. LABROZZI
Exp.Date 12/14/03 10924-052 (0)Refills
TAKE ONE TABLET FOUR TIMES DAILY
FOR 10 DAYS
Rx # 159403 ERYTHROMYCIN DELAYED RELEASE 500 MG TAB #40

Ord.Date 12/01/03 MOSHIER, DONALD L S. LABROZZI
Exp.Date 02/28/04 10924-052 (3)Refills
TAKE TWO TABLETS FOUR TIMES
DAILY AS NEEDED FOR PAIN
Rx # 159404 ACETAMINOPHEN 500 MG TAB #40

Ord.Date 12/01/03 MOSHIER, DONALD L S. LABROZZI
Exp.Date 12/10/03 10924-052 (0)Refills
TAKE ONE TABLET TWICE DAILY WITH
PLENTY OF WATER
Rx # 159405 GUAIFEN/DEXTRO 600/30MG TAB #14

Ord.Date 12/01/03 MOSHIER, DONALD L S. LABROZZI
Exp.Date 02/28/04 10924-052 (2)Refills
TAKE 2 TABLESPOONFULS FOUR
TIMES DAILY AS NEEDED FOR NAUSEA
& VOMITING
Rx # 159406 BISMUTH SUBSAL 262MG/15ML SUSP #1

Ord.Date 12/04/03 MOSHIER, DONALD L S. LABROZZI
Exp.Date 12/10/03 10924-052 (0)Refills
TAKE ONE TABLET FOUR TIMES DAILY
MAY CAUSE DROWSINESS
Rx # 159713 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #20

#30

Ord.Date 12/11/03 MOSHIER, DONALD L S. LABROZZI
Exp.Date 12/24/03 10924-052 (0)Refills
TAKE ONE TABLET TWICE DAILY FOR
14 DAYS
Rx # 160164 SULFAMETHOXIZOLE DS 800MG/160MG TAB #28

Ord.Date 12/11/03 MOSHIER, DONALD L S. LABROZZI
Exp.Date 12/20/03 10924-052 (0)Refills
TAKE ONE TABLET FOUR TIMES DAILY
AS NEEDED FOR NOSE
CONGESTION
Rx # 160165 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #20

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FCI MCKEAN PHARMACY

133685 B. SAYLOR 08/04/02
MOSHIER, DONALD L 10924-052
MCKEAN HOUSING FACILITY - Z07-210U
5-7 DROPS IN AFFECTED EAR EACH
DAY FOR 4 DAYS

CARBAMIDE PEROXIDE 6.5% OTIC #1
(0)Refills 08/04/2002 CDM RxExp 08/07/02

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

135396 G. FAIRBANK 09/09/02
MOSHIER, DONALD L 10924-052
MCKEAN HOUSING FACILITY - Z07-210U
INSTILL 2-3 DROPS IN THE LEFT EAR
THREE TIMES DAILY **SHAKE WELL**

NEOMYCIN/POLY B/HC OTIC SUSP ML #1
(0)Refills 09/09/2002 CDM RxExp 09/28/02

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

FCI MCKEAN PHARMACY

135420 G. FAIRBANK 09/09/02
MOSHIER, DONALD L 10924-052
MCKEAN HOUSING FACILITY - Z07-210U
TAKE ONE TABLET 3 TIMES A DAY AS
NEEDED **WITH FOOD**

IBUPROFEN 800 MG TAB #21
(1)Refills 09/09/2002 VG RxExp 11/07/02

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

Ord.Date 09/13/02 MOSHIER, DONALD L J. GLENN
Exp.Date 09/22/02 10924-052 (0)Refills
TAKE ONE CAPSULE THREE TIMES
DAILY UNTIL FINISHED

Rx # 135660 AMOXICILLIN 500 MG CAP

Ord.Date 09/16/02 MOSHIER, DONALD L D. OLSON
Exp.Date 09/25/02 10924-052 (0)Refills
TAKE ONE TABLET TWICE DAILY

Rx # 135726 CIPROFLOXACIN 500 MG TAB #20

Ord.Date 11/19/02 MOSHIER, DONALD L G. FAIRBA
Exp.Date 12/18/02 10924-052 (0)Refills
TAKE ONE CAPSULE FOUR TIMES
DAILY

Rx # 139099 CEPHALEXIN 500 MG CAP #40

Ord.Date 11/19/02 MOSHIER, DONALD L G. FAIRBA
Exp.Date 02/16/03 10924-052 (2)Refills
TAKE ONE TABLET TWICE DAILY

Rx # 139100 RANITIDINE 150 MG TAB #20

Ord.Date 11/27/02 MOSHIER, DONALD L J. GLENN
Exp.Date 12/01/02 10924-052 (0)Refills
TAKE ONE TABLET THREE TIMES DAILY
MAY CAUSE DROWSINESS

Rx # 139530 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #15

Ord.Date 11/27/02 MOSHIER, DONALD L J. GLENN
Exp.Date 12/03/02 10924-052 (0)Refills
TAKE ONE TABLET TWICE DAILY UNTIL
FINISHED

Rx # 139531 GUAIFENESIN LA 600MG TAB #14

Ord.Date 11/27/02 MOSHIER, DONALD L J. GLENN
Exp.Date 12/16/02 10924-052 (0)Refills
TAKE TWO TABLETS EVERY EIGHT
HOURS AS NEEDED

Rx # 139532 ACETAMINOPHEN 500 MG CAPL #30

Ord.Date 12/09/02 MOSHIER, DONALD L G. FAIRBANKS
Exp.Date 01/07/03 10924-052 (0)Refills
TAKE ONE CAPSULE FOUR TIMES
DAILY

Rx # 139999 TETRACYCLINE HCL 250 MG CAP #40

Ord.Date 12/09/02 MOSHIER, DONALD L G. FAIRBANKS
Exp.Date 01/07/03 10924-052 (0)Refills
TAKE ONE TABLET TWICE DAILY

Rx # 140000 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 60MG TAB #10

Ord.Date 02/03/03 MOSHIER, DONALD L J. GLENN
Exp.Date 02/07/03 10924-052 (0)Refills
TAKE ONE TABLET THREE TIMES DAILY
MAY CAUSE DROWSINESS

Rx # 142371 TRIPROL/PSEUDO 2.5/60MG TAB #15

Ord.Date 02/03/03 MOSHIER, DONALD L J. GLENN
Exp.Date 03/04/03 10924-052 (0)Refills
2 SQUIRTS IN EACH NOSTRIL FOUR
TIMES DAILY AS NEEDED

Rx # 142372 SODIUM CHLORIDE NASAL 0.65% ML #1

Ord.Date 02/03/03 MOSHIER, DONALD L J. GLENN
Exp.Date 02/22/03 10924-052 (0)Refills
TAKE TWO TABLETS EVERY EIGHT
HOURS AS NEEDED

Rx # 142373 ACETAMINOPHEN 500 MG CAPL #30

000216

Ord.Date 02/18/03 MOSHIER, DONALD L. J. GLENN
10924-052 (0)Refills
Exp.Date 02/27/03 TAKE TWO CAPSULES (500MG) THREE
TIMES DAILY UNTIL FINISHED
Rx #
143182 AMOXICILLIN 250 MG CAP #60

Ord.Date 02/18/03 MOSHIER, DONALD L. J. GLENN
10924-052 (0)Refills
Exp.Date 02/22/03 TAKE ONE TABLET THREE TIMES DAILY
MAY CAUSE DROWSINESS
Rx #
143183 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 80MG TAB #15

Ord.Date 02/18/03 MOSHIER, DONALD L. J. GLENN
10924-052 (0)Refills
Exp.Date 03/09/03 TAKE TWO TABLETS EVERY EIGHT
HOURS AS NEEDED
Rx #
143184 ACETAMINOPHEN 500 MG CAPL #30

Ord.Date 03/12/03 MOSHIER, DONALD L. S. LABROZZI
10924-052 (0)Refills
Exp.Date 03/31/03 TAKE TWO TABLETS TWICE DAILY FOR
COUGH & CHEST CONGESTION WITH
PLENTY INTAKE
Rx #
144519 GUAIFEN/DEXTROMETH 600MG/30MG TAB #20

Ord.Date 03/12/03 MOSHIER, DONALD L. S. LABROZZI
10924-052 (1)Refills
Exp.Date 06/08/03 MASSAGE 1 TO 2 TEASPOONFULS INTO
WET SCALP. RINSE AFTER 3 MIN.
REPEAT 3 TIMES A WEEK
Rx #
144520 SELENIUM SULF LOT 2.5% LOT #1

Ord.Date 03/12/03 MOSHIER, DONALD L. S. LABROZZI
10924-052 (0)Refills
Exp.Date 03/25/03 TAKE ONE TABLET TWICE DAILY FOR
10 DAYS FOR SINUSITIS
Rx #
144515 SULFAMETH/TRIMETH DS 800MG/160MG TAB #20

Ord.Date 03/12/03 MOSHIER, DONALD L. S. LABROZZI
10924-052 (1)Refills
Exp.Date 06/09/03 TAKE ONE TABLET EVERY FOUR
HOURS AS NEEDED FOR PAIN,
HEADACHE
Rx #
144518 IBUPROFEN 400 MG TAB #30

Ord.Date 03/12/03 MOSHIER, DONALD L. S. LABROZZI
10924-052 (3)Refills
Exp.Date 06/09/03 TAKE ONE CAPSULE TWICE DAILY ON
EMPTY STOMACH BEGINNING MARCH
21 AFTER FINISHING BACTRIM
Rx #
144516 TETRACYCLINE HCL 500 MG CAPL #30

Ord.Date 03/12/03 MOSHIER, DONALD L. S. LABROZZI
10924-052 (0)Refills
Exp.Date 03/31/03 TAKE ONE TABLET FOUR TIMES DAILY
AS NEEDED FOR CONGESTION & FOR
COLD SYMPTOMS
Rx #
144517 TRIPROLIDINE/PSEUDOEPHEDRINE 2.5MG / 80MG TAB #20

668.080

.Y 99

ASTHMA FLOW SHEET

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

	Date > 12/27/2006							
Staging of asthma severity. Symptom scoring to determine step: see below.	Wheeze 3							
	Cough 1							
	Activity 2							
	Night Sx 3							
	STEP 2							
Best = _____ ml	Current Peak Flow 650							
Meds: enter current dose (e.g. 2 puffs QID).	Beta-2 Agonist <i>Albuterol 2 puffs qid</i>							
	Inhaled Steroid							
	Theophylline							
	Oral Steroid							
Others:								
	Smoking (cigs/day) 0 0							
	Comments							
	Provider Initials <i>MJP</i>							

History since last visit

Wheeze: 0 = None | 1 = < twice/week | 2 = > twice/week | 3 = daily

Cough: 0 = None | 1 = occasional | 2 = frequent | 3 = continuous

Activity: 0 = Normal | 1 = can run short dist.. climb 3 flights of stairs | 2 = walk only | 3 = sx at rest

Night symptoms: 0 = < 2 times/month | 1 = > 2 times/month | 2 = > 1 time/week | 3 = frequent

Name: MOSIER, DONALDReg No: 10924-052Date of Birth: 18 AUG 1961Institution: USP LEWISBURG
HEALTH SERVICES UNIT
LEWISBURG, PA 17837

Key to Comments:

H = Hospitalized this visit

I = Intensive tx for acute episode
(e.g. IV steroids, w/o hospitalization)

E/I = Educated re: inhaler technique

E/S = Educated re: smoking cessation

E/M = Educated re: use of med

E/C = Educated re: med compliance

E/A = Educated re: all above

000218

BP-S620.060

PATIENT PROBLEM LIST

CDERM

ALG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

PROBLEM LIST

[illegible]

ADVERSE / ALLERGIC
DRUG REACTIONS
(If none, record "No Known Drug Allergies.")

NRDM

Patient Identification
(Name, Reg #, DOB)

(This form may be replicated via WP)

Donald Mosher

1092Y-052

8/18/60

Ref: 61

000219

PATIENT PROBLEM LIST

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

PROBLEM LIST

[illegible]

NO known drug allergy

ADVERSE / ALLERGIC DRUG REACTION
(If none, record "No Known Drug Allergies")

NAME _____

MOSHIER JR. DONALD

PATIENT IDENTIFICATION :

Date Of Birth

Sex

Institution

Date Of Photo

Height

Weight

Hair Color

Eye Color

Name :

601

260

BD

BL

Register Number

Custody / QTR

Spec. Cond

DOB

CCC / CSW

WRK



REGISTER NUMBER

10924-052

000220

DOJ Patient-focused Foundation

BOP

Care of Patients
Pharmacy Service



HEALTH SERVICES DEPARTMENT
USP LEWISBURG

1: Ord.Date 05/02/06 MOSHIER, DONALD L J. GERARGI Exp.Date 10/28/06 10924-052 (17)Refills TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 190743 NAPROXEN 500 MG TAB #20 DATE STARTED	6:
2: Ord.Date 05/02/06 MOSHIER, DONALD L J. GERARGI Exp.Date 05/11/06 10924-052 (0)Refills TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY Rx # 190744 CEPHALEXIN 500 MG CAP #30	7:
3: Ord.Date 05/02/06 MOSHIER, DONALD L J. GERARGI Exp.Date 05/11/06 10924-052 (0)Refills TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 190745 SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB #20	8:
4:	9:
5:	10: DATE ENDED

INMATE NAME & NUMBER
 MOSHIER, DONALD L
 10924-052
 USP LEWISBURG - A01-105U
 05/02/2006

PHARMACY COMMUNICATION SHEET

000221

DOJ Patient-focus Function

BOP

Care of Patients

Pharmacy Service



MEDICATION PROFILE SHEET

HEALTH SERVICES DEPARTMENT

USP LEWISBURG

1: Ord. Date 01/12/06 MOSHIER, DONALD L M. PEORIA 10924-052 (4)Refills Exp. Date 05/11/06 INHALE 2 PUFFS ORALLY 4 TIMES DAILY Rx # 178716 ALBUTEROL 17 GM MDI #0 DATE STARTED: 1.12.06	6: Ord. Date 04/04/06 MOSHIER, DONALD L L. RAMIREZ 10924-052 (0)Refills Exp. Date 04/13/06 TAKE ONE CAPSULE BY MOUTH FOUR TIMES DAILY Rx # 184097 CEPHALEXIN 500 MG CAP #40
2: Ord. Date 01/12/06 MOSHIER, DONALD L A. BUSSANICH 10924-052 (8)Refills Exp. Date 05/11/06 TAKE ONE TABLET TWICE DAILY Rx # 178717 RANITIDINE 150 MG TAB #0	7: Ord. Date 04/04/06 MOSHIER, DONALD L L. RAMIREZ 10924-052 (0)Refills Exp. Date 04/13/06 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 184098 SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB #20
3: Ord. Date 01/12/06 MOSHIER, DONALD L A. BUSSANICH 10924-052 (12)Refills Exp. Date 04/11/06 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 178718 NAPROXEN 500 MG TABLET 500 MG TAB #0	8: Ord. Date 04/04/06 MOSHIER, DONALD L L. RAMIREZ 10924-052 (0)Refills Exp. Date 05/03/06 APPLY TOPICALLY TWICE DAILY Rx # 184099 BACITRACIN/POLY B OINT #1
4: Ord. Date 01/12/06 MOSHIER, DONALD L A. BUSSANICH 10924-052 (0)Refills Exp. Date 01/21/06 INSTILL 4 DROPS THREE TIMES DAILY AS DIRECTED Rx # 178719 NEOMYCIN/POLY B/HC OTIC SUSP ML #1	9: Ord. Date 05/02/06 MOSHIER, DONALD L J. GERARGI 10924-052 (5)Refills Exp. Date 10/28/06 2 PUFFS FOUR TIMES DAILY Rx # 190741 ALBUTEROL 17 GM MDI #1
5: Ord. Date 03/09/06 MOSHIER, DONALD L L. RAMIREZ 10924-052 (0)Refills Exp. Date 03/13/06 TAKE ONE TABLET BY MOUTH THREE TIMES DAILY Rx # 181972 DICYCLOMINE HCL 20 MG TAB #15	10: Ord. Date 05/02/06 MOSHIER, DONALD L J. GERARGI 10924-052 (5)Refills Exp. Date 10/28/06 TAKE ONE TABLET TWICE DAILY Rx # 190742 RANITIDINE 150 MG TAB #60 DATE ENDED:

INMATE NAME & NUMBER

MOSHIER, DONALD L
10924-052
USP LEWISBURG - Z01-014LAD
01/12/2006

000222

DOJ Patient-focused function

BOP

Care of Patients

Pharmacy Service



MEDICATION PROFILE SHEET

HEALTH SERVICES DEPARTMENT

USP LEWISBURG

1: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO Exp.Date 11/09/05 10924-052 (0)Refills INHALE 2 PUFFS ORALLY 4 TIMES DAILY Rx # 172157 ALBUTEROL 17 GM MDI #1 DATE STARTED:	6: Ord.Date 11/28/05 MOSHIER, DONALD L I. NAVARRO Exp.Date 12/27/05 10924-052 (0)Refills TAKE TWO CAPSULES BY MOUTH EACH DAY Rx # 175139 DOXYCYCLINE 100 MG CAP #60
2: Ord.Date 10/25/05 MOSHIER, DONALD L A. BUSSANICH Exp.Date 01/22/06 10924-052 (11)Refills TAKE TWO TABLETS BY MOUTH TWICE DAILY Rx # 173164 RANITIDINE 150 MG TAB #30	7: Ord.Date 11/30/05 MOSHIER, DONALD L A. BUSSANICH Exp.Date 02/27/06 10924-052 (8)Refills TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 175274 NAPROXEN 500 MG TABLET 500 MG TAB #20
3: Ord.Date 10/25/05 MOSHIER, DONALD L A. BUSSANICH Exp.Date 01/22/06 10924-052 (2)Refills INHALE 2 PUFFS ORALLY 4 TIMES DAILY Rx # 173165 ALBUTEROL 17 GM MDI #1	8: Ord.Date 11/30/05 MOSHIER, DONALD L A. BUSSANICH Exp.Date 02/27/06 10924-052 (2)Refills INHALE 2 PUFFS ORALLY 4 TIMES DAILY Rx # 175275 ALBUTEROL 17 GM MDI #1
4: Ord.Date 10/25/05 MOSHIER, DONALD L A. BUSSANICH Exp.Date 01/22/06 10924-052 (8)Refills TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 173166 NAPROXEN 500 MG TABLET 500 MG TAB #20	9: Ord.Date 01/05/06 MOSHIER, DONALD L M. PEORIA Exp.Date 04/04/06 10924-052 (0)Refills TAKE TWO CAPSULES BY MOUTH EACH MORNING Rx # 178219 DOXYCYCLINE 100 MG CAP #60
5: Ord.Date 10/25/05 MOSHIER, DONALD L A. BUSSANICH Exp.Date 11/07/05 10924-052 (0)Refills TAKE TWO CAPSULES BY MOUTH EACH DAY Rx # 173167 DOXYCYCLINE 100 MG CAP #28	10: DATE ENDED:

INMATE NAME & NUMBER

MOSHIER, DONALD L
 10924-052
 USP LEWISBURG - A01-113U
 10/07/2005

000223

DOJ Patient-focus Function

BOP

Care of Patients

Pharmacy Service



<p>1: Ord.Date 07/28/05 MOSHIER, DONALD L A BUSSANICH 10924-052 (0)Refills Exp.Date 10/25/05 APPLY TOPICALLY TWICE DAILY Rx # 167384 BACITRACIN/POLY B OINT #1</p> <p>DATE STARTED:</p>	<p>6:: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (1)Refills Exp.Date 11/05/05 TAKE ONE TABLET TWICE DAILY Rx # 172154 RANITIDINE 150 MG TAB #30</p>
<p>2: Ord.Date 07/28/05 MOSHIER, DONALD L A BUSSANICH 10924-052 (5)Refills Exp.Date 10/25/05 TAKE ONE CAPSULE TWICE DAILY Rx # 167385 DOXYCYCLINE 100 MG CAP #30</p>	<p>7: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (0)Refills Exp.Date 01/04/06 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 172155 NAPROXEN 500 MG TABLET 500 MG TAB #20</p>
<p>3: Ord.Date 08/25/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (0)Refills Exp.Date 09/25/05 TAKE ONE CAPSULE TWICE DAILY Rx # 169233 DOXYCYCLINE 100 MG CAP #80</p>	<p>8: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (2)Refills Exp.Date 11/05/05 TAKE ONE CAPSULE TWICE DAILY Rx # 172156 DOXYCYCLINE 100 MG CAP #20</p>
<p>4: Ord.Date 08/25/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (1)Refills Exp.Date 09/23/05 TAKE ONE TABLET TWICE DAILY Rx # 169232 RANITIDINE 150 MG TAB #30</p>	<p>9: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (1)Refills Exp.Date 11/05/05 TAKE ONE TABLET TWICE DAILY Rx # 172154 RANITIDINE 150 MG TAB #30</p>
<p>5: Ord.Date 08/25/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (2)Refills Exp.Date 11/22/05 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 169234 NAPROXEN 500 MG TABLET 500 MG TAB #20</p>	<p>10: Ord.Date 10/07/05 MOSHIER, DONALD L I. NAVARRO 10924-052 (0)Refills Exp.Date 01/04/06 TAKE ONE TABLET BY MOUTH TWICE DAILY Rx # 172155 NAPROXEN 500 MG TABLET 500 MG TAB #20</p> <p>DATE ENDED:</p>

INMATE NAME & NUMBER

MOSHIER, DONALD L
10924-052
USP LEWISBURG - A01-113U
07/28/2005

000224

Medication Summary Sheet

Ord. Date 12/29/04	MOSHIER, DONALD L	H. BEAM, MD <u>uouu</u>
Exp. Date 03/28/05	10924-052	(3)Refills
Rx #	TAKE TWO CAPSULES EACH MORNING AND TAKE TWO CAPSULES EACH EVENING **DOSE INCREASE**	
177811	RIBAVIRIN 200MG CAP	#120 1930
Ord. Date 12/29/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 03/28/05	10924-052	(2)Refills
Rx #	INJECT IM 135 MCG 9C WEEKLY ****DOSE INCREASE TO 0.75 ML***	
177812	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ	#1
Ord. Date 12/29/04	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 03/28/05	10924-052	(2)Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY	
177813	BACITRACIN OINT	#1
Ord. Date 02/03/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/03/05	10924-052	(3)Refills
Rx #	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
179198	ALBUTEROL INH 90MCG 17GM	#1
Ord. Date 02/03/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/03/05	10924-052	(2)Refills
Rx #	INJECT 180 MCG WEEKLY **DOSE INCREASE**	
179194	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ	#1
Ord. Date 02/03/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/03/05	10924-052	(12)Refills
Rx #	TAKE ONE CAPSULE EACH DAY	
179195	OMEPRAZOLE 20MG CAP	#7
Ord. Date 02/03/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/03/05	10924-052	(12)Refills
Rx #	TAKE ONE CAPSULE TWICE DAILY	
179196	DOXYCYCLINE 100 MG CAP	#14
Ord. Date 02/03/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/03/05	10924-052	(12)Refills
Rx #	TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY	
179197	LACTULOSE 10GM/15ML ML	#1
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(1)Refills
Rx #	INHALE 2 PUFFS FOUR TIMES DAILY AS NEEDED	
179526	ALBUTEROL INH 90MCG 17GM	#1

Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(8)Refills
Rx #	TAKE 1 TABLESPOONFUL (15CC) TWICE DAILY	
179527	LACTULOSE 10GM/15ML ML	#1
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(2)Refills
Rx #	TAKE ONE CAPSULE EACH DAY	
179529	OMEPRAZOLE 20MG CAP	#30
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(2)Refills
Rx #	INJECT 180 MCG WEEKLY	
179530	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ	#1
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(4)Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY	
179531	HYDROCORTISONE 1% CRM	#1
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD <u>uouu</u>
Exp. Date 05/10/05	10924-052	(4)Refills
Rx #	TAKE THREE CAPSULES TWICE DAILY	
179532	RIBAVIRIN 200MG CAP	#180 1930
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(2)Refills
Rx #	TAKE TWO TABLETS TWICE DAILY	
179533	ACETAMINOPHEN 500 MG TAB	#30
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(4)Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY (BODY)	
179534	BETAMETHASONE VAL 0.1 % OINT	#1
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(2)Refills
Rx #	TAKE ONE CAPSULE TWICE DAILY	
179528	DOXYCYCLINE 100 MG CAP	#60
Ord. Date 02/10/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/10/05	10924-052	(4)Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY	
179535	BACITRACIN OINT	#1
Ord. Date 03/03/05	MOSHIER, DONALD L	H. BEAM, MD
Exp. Date 05/31/05	10924-052	(12)Refills
Rx #	TAKE TWO TABLETS BY MOUTH TWICE DAILY AS DIRECTED	
180377	ACETAMINOPHEN 500 MG TAB	#30

MOSHIER, DONALD L
10924-052
MCKEAN HOUSING FACILITY - A04
11/24/2004

FCI
McKean

000225

Ord. Date 06/14/05 MOSHIER, DONALD L. (0) Refills
Exp. Date 07/13/05 INHALE 2 PUFFS EVERY SIX HOURS AS
NEEDED
Rx # 184719 ALBUTEROL 17 GM MDI #1

Ord. Date 06/14/05 MOSHIER, DONALD L. (0) Refills
Exp. Date 06/23/05 TAKE ONE TABLET TWICE DAILY AT
7AM AND 7PM
Rx # 184720 RANITIDINE 150 MG TAB #14

Ord. Date 06/14/05 MOSHIER, DONALD L. (0) Refills
Exp. Date 06/28/05 TAKE 1 TABLESPOONFUL TWICE DAILY
AT 7AM AND 7PM
Rx # 184721 LACTULOSE 10GM/15ML ML #1

Ord. Date 06/28/05 MOSHIER, DONALD L. I. NAVARRO (1) Refills
Exp. Date 07/27/05 TAKE ONE TABLET TWICE DAILY
Rx # 165559 RANITIDINE 150 MG TAB #30

Ord. Date 06/28/05 MOSHIER, DONALD L. I. NAVARRO (0) Refills
Exp. Date 07/27/05 TAKE ONE CAPSULE TWICE DAILY
Rx # 165560 DOXYCYCLINE 100 MG CAP #60

Ord. Date 06/28/05 MOSHIER, DONALD L. I. NAVARRO (0) Refills
Exp. Date 07/27/05 INHALE 2 PUFFS ORALLY 4 TIMES
DAILY
Rx # 165561 ALBUTEROL 17 GM MDI #1

Ord. Date 06/28/05 MOSHIER, DONALD L. I. NAVARRO (2) Refills
Exp. Date 09/25/05 TAKE ONE TABLET BY MOUTH TWICE
DAILY
Rx # 165562 NAPROXEN 500 MG TABLET 500 MG TAB #20

Medication Summary Sheet

Ord.Date 01/12/05	MOSHIER, DONALD L	H. BEAM, MD
Exp.Date 04/11/05	10924-052	(11) Refills
Rx #	INJECT IM 135 MCG SC WEEKLY ***DOSE INCREASE TO 0.75 ML***	
178395	PEGINTERFERON ALFA-2A 180 MCG/1ML INJ #1	
Ord.Date 01/12/05	MOSHIER, DONALD L	H. BEAM, MD <u>USU</u>
Exp.Date 04/11/05	10924-052	(4) Refills
Rx #	TAKE THREE CAPSULES TWICE DAILY **DOSE INCREASE**	
178396	RIBAVIRIN 200MG CAP #180 1930	
Ord.Date 01/12/05	MOSHIER, DONALD L	H. BEAM, MD
Exp.Date 04/11/05	10924-052	(2) Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY	
178397	HYDROCORTISONE 1% CRM #1	
Ord.Date 04/01/05	MOSHIER, DONALD L	H. BEAM, MD
Exp.Date 05/15/05	10924-052	(2) Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**	
181474	BETAMETHASONE VAL 0.1 % OINT #1	
Ord.Date 04/18/05	MOSHIER, DONALD L	H. BEAM, MD
Exp.Date 05/01/05	10924-052	(0) Refills
Rx #	TAKE ONE TABLET THREE TIMES DAILY	
182228	AMOXICILLIN/CLAV 500/125MG TAB #30	
Ord.Date 04/28/05	MOSHIER, DONALD L	H. BEAM, MD
Exp.Date 06/11/05	10924-052	(2) Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**	
182790	BACITRACIN OINT #1	
Ord.Date 04/28/05	MOSHIER, DONALD L	H. BEAM, MD
Exp.Date 06/11/05	10924-052	(2) Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**	
182791	BETAMETHASONE VAL 0.1 % OINT #1	
Ord.Date 04/28/05	MOSHIER, DONALD L	H. BEAM, MD
Exp.Date 06/11/05	10924-052	(2) Refills
Rx #	APPLY TO AFFECTED AREA TWO TIMES A DAY **EXTERNAL USE ONLY**	
182792	HYDROCORTISONE 1% CRM #1	
Ord.Date 04/28/05	MOSHIER, DONALD L	H. BEAM, MD
Exp.Date 07/26/05	10924-052	(3) Refills
Rx #	TAKE 1 TABLESPOONFUL TWICE DAILY	
182793	LACTULOSE 10GM/5ML ML #0	

MOSHIER, DONALD L
10924-052
MCKEAN HOUSING FACILITY - A04-
01/12/2005

FCI
McKean

000227

Ord. Date 04/27/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 07/25/05 10924-052 (3) Refills
 INHALE 2 PUFFS FOUR TIMES DAILY AS
 NEEDED

Rx # 182764 ALBUTEROL INH 90MCG 17GM #1

Ord. Date 04/27/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 07/25/05 10924-052 (12) Refills
 TAKE ONE TABLET TWICE DAILY

Rx # 182765 RANITIDINE 150 MG TAB #14

Ord. Date 04/27/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 07/25/05 10924-052 (2) Refills
 TAKE TWO TABLETS TWICE DAILY AS
 NEEDED

Rx # 182766 ACETAMINOPHEN 500 MG TAB #28

Ord. Date 04/27/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 07/25/05 10924-052 (0) Refills
 TAKE TWO TABLETS TWICE DAILY FOR
 3 DAYS AS NEEDED FOR PAIN

Rx # 600384 APAP/CODEINE 300/30 MG UD #12 1930

Ord. Date 04/29/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 05/03/05 10924-052 (0) Refills
 TAKE TWO TABLETS THREE TIMES
 DAILY FOR 5 DAYS

Rx # 600385 APAP/CODEINE 300/30 MG UD #30 1930

Ord. Date 05/27/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 08/24/05 10924-052 (3) Refills
 APPLY TO AFFECTED AREA TWO TIMES
 A DAY

Rx # 184084 BACITRACIN OINTMENT #1

Ord. Date 05/27/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 08/24/05 10924-052 (3) Refills
 APPLY TO AFFECTED AREA TWO TIMES
 A DAY (30GM)

Rx # 184085 BETAMETHASONE VAL 0.1 % OINT #2

Ord. Date 05/27/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 08/24/05 10924-052 (6) Refills
 TAKE TWO TABLETS TWICE DAILY AS
 NEEDED

Rx # 184086 ACETAMINOPHEN 500 MG TAB #28

Ord. Date 05/27/05 MOSHIER, DONALD L H. BEAM, MD
 Exp. Date 08/24/05 10924-052 (8) Refills
 TAKE 1 TABLETSpoonful (15ML) TWICE
 DAILY AS DIRECTED

Rx # 184087 LACTULOSE 10GM/15ML ML #1

000229

HEPATITIS VACCINE

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
11/13/04	Merck	0032N	9/20/05	Del	1.0cc	W. Bogler	USP LEW
7/13/04	Park	00154P	8/05	Del	1.0cc	W. Bogler	USP LEW
10-11-05	Aventis	U1772AA	6/06	L arm	1cc/IM	W. Bogler	USP LEW

INFLUENZA VACCINE

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
10/26/04	Aventis	U1503AA	6/05	Del	0.5 ml	W. Bogler	USP LEW

OTHER (MMR, Polio, etc)

DATE	TYPE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION

Patient Identification
(Name, Reg #)

000230

BP-E619.060
AUG 96

IMMUNIZATION RECORD

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TETANUS TOXOIDS

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider	Institution

TUBERCULIN TEST

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider/Institution	Date read	Results (MM)	Read by
5/22/02	P P D		0 ~ ~		7/14/01	BC.			

Patient Identification

NAME

MOSHIER JR. DONALD

Date Of Birth

Sex

Institution

Date Of Photo

8/18/1961

M

BRO

5/22/2002

Name of Inmate:

Height

Weight

Hair Color

Eye Color

601

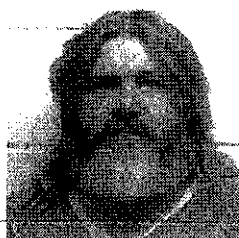
260

BD

BL

Custody / QTR

Spec. Cond



REGISTER NUMBER

10924-052

CCC / CSW

WRK

ber

000231

MEDICAL RECORD

REPORT OF MEDICAL EXAMINATION

DATE OF EXAM

1. LAST NAME-FIRST NAME-MIDDLE NAME

Moshier Donald

2. IDENTIFICATION NUMBER

10924-052

3. GRADE AND COMPONENT OR POSITION

4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code)

X NONE, I'll Be Going Home

5. EMERGENCY CONTACT (Name and address of contact)

X Kevin Brown 453 Payne Marsh Rd
Berkshire NY 13736
607 657 2422

6. DATE OF BIRTH

X 8/18/61

7. AGE

X 40

8. SEX

☐ FEMALE ☒ MALE

9. RELATIONSHIP OF CONTACT

X Friend

10. PLACE OF BIRTH

X CAL

12a. AGENCY

BOP DOJ

11. RACE

☒ WHITE ☐ BLACK

12b. ORGANIZATION UNIT

FCI McKean

☐ AMERICAN INDIAN/
ALASKA NATIVE☐ HISPANIC
WHITE☐ HISPANIC
BLACK☐ ASIAN/PACIFIC
ISLANDER

13. TOTAL YEARS GOVERNMENT SERVICE

a. MILITARY

b. CIVILIAN

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS

FCI McKean
P.O. Box 5000
Bradford, PA 16701

15. RATING OR SPECIALTY OF EXAMINER

16. PURPOSE OF EXAMINATION

A+0

17. CLINICAL EVALUATION

NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL	NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated)	
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		<input checked="" type="checkbox"/>	P. TESTICULAR	
<input checked="" type="checkbox"/>	C. DRUMS (Perforation)		<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
<input checked="" type="checkbox"/>	D. NOSE		<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM	See below
<input checked="" type="checkbox"/>	E. SINUSES		<input checked="" type="checkbox"/>	S. G-U SYSTEM	
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT		<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		<input checked="" type="checkbox"/>	U. FEET	
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC		<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)		<input checked="" type="checkbox"/>	W. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	See below
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS	See below
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)	
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)		<input checked="" type="checkbox"/>	BB. BREASTS	
			<input checked="" type="checkbox"/>	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

* Fam. H10 diabetes
 * Rap Chole 1999 - Scars - puncture wounds
 * Scars - on back from cystic acne
 * Tattoos - (R) Arm, (L) Chest, (R) lat. leg
 * Skin - H10 cystic acne

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable						Non-restorable						Missing						Replaced by Dentures						Fixed Partial Dentures					
1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
32	31	30	29	28	27	32	31	30	29	28	27	32	31	30	29	28	27	32	31	30	29	28	27	32	31	30	29	28	27

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY

2) URINE ALBUMIN

3) URINE SUGAR

C. SYPHILIS SEROLOGY (Specify test used and results)

(4) MICROSCOPIC

D. EKG

E. BLOOD TYPE AND RH FACTOR

B. CHEST X-RAY OR PPD (Place, date, film number and result)

F. OTHER TESTS

000232

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0. HEIGHT 6'1" 286# Blond Grey Blue ☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE

26. BLOOD PRESSURE (Arm at heart level)

A. SITTING 72 B. RECUMBENT C. STANDING (3 mins.) D. AFTER EXERCISE E. 2 MINS. AFTER

28. DISTANT VISION

RIGHT 20/15 CORR. TO 20/ BY S. CX

LEFT 20/15 CORR. TO 20/ BY S. CX

29. REFRACTION

30. NEAR VISION

31. HETEROPHORIA (Specify distance)

ESO EXO R.H. L.H. PRISM DIV. PRISM CONV. CT PC PD

32. ACCOMMODATION

RIGHT WNL LEFT WNL

33. COLOR VISION (Test used and result) WNL

34. DEPTH PERCEPTION (Test used and score)

UNCORRECTED

CORRECTED

35. FIELD OF VISION

RIGHT WNL LEFT WNL

36. NIGHT VISION (Test used and score)

37. RED LENS TEST

38. INTRAOCULAR TENSION

RIGHT LEFT

39. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

40. AUDIOMETER

250 500 1000 2000 3000 4000 6000 8000

256 512 1024 2048 2896 4096 6144 8192

41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

- Known expos to infec dis

- H/O STD's

- H/O IVDA

- H/O methamphetamine use OD x 1 yr. 5/29/01

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

45A. PHYSICAL PROFILE

P U L H E S

45B. PHYSICAL CATEGORY

B C E

46. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR General duty

B. ☐ IS NOT QUALIFIED FOR

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF PHYSICIAN

Gracia Fairbanks

49. TYPED OR PRINTED NAME OF PHYSICIAN

Gracia Fairbanks, MLP

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

D. Olson, MD Clinical Director

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM 5/23/02
1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Moshier Jr Donald</i>		2. IDENTIFICATION NUMBER <i>10924-052</i>	3. GRADE AND COMPONENT OR POSITION <i>Truck</i>	
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>453 - Paimouth Rd Richford NY 13836</i>		5. EMERGENCY CONTACT (Name and address of contact) <i>—</i>		
6. DATE OF BIRTH <i>8/18/61</i>	7. AGE <i>40yr</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT	
10. PLACE OF BIRTH <i>CA.</i>		11. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>BOP</i>		12b. ORGANIZATION UNIT <i>H.S.</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>MD & Brooklyn</i>		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION <i>A&O Physical</i>		

17. CLINICAL EVALUATION

NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR MAL	NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR MAL
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated) <i>refused</i>	
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		<input checked="" type="checkbox"/>	P. TESTICULAR	
<input checked="" type="checkbox"/>	C. DRUMS (Perforation)		<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
<input checked="" type="checkbox"/>	D. NOSE		<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	E. SINUSES		<input checked="" type="checkbox"/>	S. G-U SYSTEM	
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT		<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		<input checked="" type="checkbox"/>	U. FEET	
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC		<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)		<input checked="" type="checkbox"/>	W. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS <i>Refused</i>	
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)	
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)		<input checked="" type="checkbox"/>	BB. BREASTS	
			<input checked="" type="checkbox"/>	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																									
<table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">0</th> <th colspan="3">/</th> <th colspan="3">X</th> <th colspan="3"></th> <th colspan="3">X X X</th> <th colspan="3">1 2 3</th> <th colspan="3">Fixed Partial Dentures</th> </tr> <tr> <th>1</th><th>2</th><th>3</th> <th>Restorable</th> <th>1</th><th>2</th><th>3</th> <th>Non-restorable</th> <th>1</th><th>2</th><th>3</th> <th>Missing</th> <th>1</th><th>2</th><th>3</th> <th>Replaced by Dentures</th> <th>1</th><th>2</th><th>3</th> </tr> <tr> <td>32</td><td>31</td><td>30</td> <td>Teeth</td> <td>32</td><td>31</td><td>30</td> <td>Teeth</td> <td>32</td><td>31</td><td>30</td> <td>Teeth</td> <td>32</td><td>31</td><td>30</td> <td>Teeth</td> <td>32</td><td>31</td><td>30</td> </tr> </table>																	0			/			X						X X X			1 2 3			Fixed Partial Dentures			1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	1	2	3	Replaced by Dentures	1	2	3	32	31	30	Teeth	32	31	30	Teeth	32	31	30	Teeth	32	31	30	Teeth	32	31	30																																
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19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

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MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT 6'1"	21. WEIGHT 291 lb	22. COLOR HAIR P	23. COLOR EYES	24. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	25. TEMPERATURE 98.4°
26. BLOOD PRESSURE (Arm at heart level)			27. PULSE (Arm at heart level)		
A. SITTING SYS. 124 DIAS. 80	B. RECUMBENT SYS. DIAS.	C. STANDING (5 mins.) SYS. DIAS.	A. SITTING 68	B. RECUMBENT	C. STANDING (3 mins.)
28. DISTANT VISION			29. REFRACTION		30. NEAR VISION
RIGHT 20/20	CORR. TO 20/	BY	S.	CX	CORR. TO BY
LEFT 20/20	CORR. TO 20/	BY	S.	CX	CORR. TO BY

31. HETEROPHORIA (Specify distance)

ESO EXO R.H. L.H. PRISM DIV. PRISM CONV. CT PC PD

32. ACCOMMODATION		33. COLOR VISION (Test used and result) Weak different color - Pers		34. DEPTH PERCEPTION (Test used and score)		UNCORRECTED				
RIGHT	LEFT					CORRECTED				
35. FIELD OF VISION		36. NIGHT VISION (Test used and score)		37. RED LENS TEST		38. INTRAOCULAR TENSION				
RIGHT	LEFT					RIGHT LEFT				
39. HEARING		40. AUDIOMETER								
RIGHT WV	/15 SV	/15	250	500	1000	2000	3000	4000	6000	8000
LEFT	/15 SV	/15	250	512	1024	2048	2896	4096	6144	8192
		RIGHT								
		LEFT								
		41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)								

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

④ Hospitalized - Canga Medical Center Ithaca NY
 ④ Drug
 ④ Syphilis
 ④ Acid
 ④ Suicidal Ideation

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

H/O Fp none 2° to assault
 H/O Appendectomy
 CH LBP 2° MVA

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE (Check)

A. ☒ IS QUALIFIED FORB. ☐ IS NOT QUALIFIED FOR

Regular duty

45B. PHYSICAL CATEGORY

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

48. TYPED OR PRINTED NAME OF PHYSICIAN

ARUN VERMA

SIGNATURE

[Signature]

49. TYPED OR PRINTED NAME OF PHYSICIAN

R. BEAUDOUIN, MD MDC-BRO

SIGNATURE

[Signature] 05/23/02

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY
AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Moshier JR, Donald Leroy</u>		2. REGISTER NUMBER <u>10924-052</u>
3. PURPOSE OF EXAMINATION <u>intake</u>	4. DATE OF EXAMINATION <u>6/6/02</u>	5. EXAMINING FACILITY <u>McKean</u>
6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint arises)		

7. HAVE YOU EVER (Please check each item)		8. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)				10. FEMALES ONLY HAVE YOU EVER			
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Swollen or painful joints	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you ever had homosexual contact?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Been exposed to AIDS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol Use (Excessive)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Use/Addiction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marijuana
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cocaine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heroin
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L.S.D.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amphetamines
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others: (Specify)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol or drug
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Withdrawal Problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. FEMALES ONLY HAVE YOU EVER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Been treated for a female disorder
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had a change in menstrual pattern
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION? <u>MANCOTIC, CONSTRUCTION WORK</u>	12. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
--	--

000236

CHECK EACH ITEM YES OR NO		EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED	IN BLANK SPACE BELOW		
YES	NO		YES	NO	
	X	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.		X	18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	X	B. Inability to perform certain motions.		X	19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	X	C. Inability to assume certain positions.		X	20. Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, and reason, for rejections.)
	X	D. Other medical reasons (If yes, give reasons.)		X	21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)
	X	14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details.)		X	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
	X	15. Have you ever been denied life insurance? (If yes, state reason and give details.)		X	
X	X	16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)		X	
X	X	17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		X	

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE

Donald L. Moshien JR

SIGNATURE

Donald L. Moshien JR

INTAKE SCREENING:

 INMATE RECEIVED FROM: COURT _____ TRANSFER ☒ P.V. _____
 OTHER _____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE

 THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? NO

 DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES _____ NO ☒

WHAT ARRANGEMENTS HAVE BEEN MADE? _____

DUTY STATUS: TEMPORARY WORK ☒ RESTRICTED _____GENERAL POPULATION ☒ YES _____ NO _____TYPE AND EXTENT OF LIMITATION none

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

OHIC
 OHep
 GTB
 UKDA

000237

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

Montgomery

DATE

6/6/02

SIGNATURE

[Signature]

NUMBER OF ATTACHED SHEETS

REVERSE

Department of Justice

Federal Bureau of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY
AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

LAST NAME—FIRST NAME

MOSHIER JR. DONALD

NAME

MOSHIER JR. DONALD

Date Of Birth

8/18/1961

Sex

M

Institution

BRO

Date Of Photo

5/22/2002

STATEMENT OF EXAM

Height

601

Weight

260

Hair Color

BD

Eye Color

BL

Custody / QTR

CCC / CSW

Spec. Cond

WRK



REGISTER NUMBER

10924-052

NUMBER

FACILITY

by description of past history, if complaint arises)

HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lived with anyone who had tuberculosis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coughed up blood
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bled excessively after injury or tooth extraction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attempted suicide
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Been a sleepwalker

8. DO YOU (Please check each item)

YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear glasses or contact lenses
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have vision in both eyes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear a hearing aid
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stutter or stammer habitually
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear a brace or back support

HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

S	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum drug or medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Piles or rectal disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you ever had homosexual contact?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Been exposed to AIDS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol Use (Excessive)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Use/Addiction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marijuana
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cocaine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lameness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heroin
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L.S.D.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Painful or "Trick" shoulder or elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amphetamines
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others: (Specify)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol or drug
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foot trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Withdrawal Problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neuritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

10. FEMALES ONLY HAVE YOU EVER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Been treated for a female disorder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had a change in menstrual pattern
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU PREGNANT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

12. ARE YOU (Check one)

☒ Right handed ☐ Left handed

000238

CHECK EACH ITEM YES OR NO		ITEM CHECKED YES MUST BE FULLY EXPLAIN	N BLANK SPACE BELOW
YES	NO	YES	NO
X		13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	X
X		B. Inability to perform certain motions.	X
X		C. Inability to assume certain positions.	X
X		D. Other medical reasons (If yes, give reasons.)	X
X		14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details.)	X
X		15. Have you ever been denied life insurance? (If yes, state reason and give details.)	X
X		16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	X
X		17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	X
		18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	X
		19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	X
		20. Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, and reason, for rejections.)	X
		21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)	X
		22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	X

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
	<i>Donald C. Murphy Sr.</i>
INTAKE SCREENING:	THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL?
INMATE RECEIVED FROM: COURT <u>TRANSFER</u> <u>1</u> P.V. <u>1</u>	DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF? YES <u>NO</u>
OTHER	WHAT ARRANGEMENTS HAVE BEEN MADE?
MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.	DUTY STATUS: TEMPORARY WORK <u>RESTRICTED</u> <u>NO F/L</u>
IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE	GENERAL POPULATION <u>YES</u> <u>NO</u>
	TYPE AND EXTENT OF LIMITATION

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

① IVDU
② Epilepsy
③ TB
④ Suicidal Ideation
⑤ Psychiatric Hospitalization
⑥ Aid

- Fx now 2 to arrest
- May 2002
- substance abuse
- CH LBP 20
- 10 MAY A-152

000239

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER (4) ATTACHED SHEETS
ARUN V. RAO	5/23/02	<i>AR</i>	

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution <i>USP LEW</i>	Date of Arrival <i>6-16-05</i>	Time of Arrival <i>1410</i>
Inmate's Name <i>Moshier, Donald</i>	Register Number <i>10924-052</i>	
M E D I C A L C L E A R A N C E		

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)
2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)
3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)
4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)
5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)
6. Remarks:

Medical Staff Signature <i>B Prince</i>	Date <i>6-16-05</i>	Time <i>1453</i>
Medical Staff Title Beverly Prince, EMT Paramedic USP Lewisburg		

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000240

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution <i>McKean</i>	Date of Arrival <i>4-10-03</i>	Time of Arrival <i>1130</i>
Inmate's Name <i>Moshier, Donald</i>	Register Number <i>10924-052</i>	

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? ☐ yes; ☒ no (Explain)
Wait (FBI)
2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)
3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)
4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)
n/a
5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature <i>[Signature]</i>	Date <i>4-11-03</i>	Time <i>1400</i>
Medical Staff Title <i>DR HSCA</i>		

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000241

BP-S354.060 INTAKE SCREENING (MEDICAL) COFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution <i>McKean</i>	Date of Arrival <i>6-6-02</i>	Time of Arrival <i>0830</i>
Inmate's Name <i>Moshier, Donald</i>	Register Number <i>10924-652</i>	

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)
2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)
3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)
4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)
n/a
5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature <i>[Signature]</i>	Date <i>6-6-02</i>	Time <i>1200</i>
Medical Staff Title <i>KHSA</i>		

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000242

BP-S354.060 INTAKE SCREENING (MEDICAL) COFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

Date of Arrival

6-5-02

Time of Arrival

1120

Inmate's Name

Moshier, Donald

Register Number

10924-052

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature



Date

6-5-02

Time

1159

Medical Staff Title

D. McClintock, NREMT-P
Paramedic
USP LewisburgRecord Copy - Inmate Central File; copy - file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

000243



MEDICAL STAFF CHALMER JR. DONALD

Institution

Date Of Birth

Sex

Institution

Date Of Photo

8/18/1981

M

BRO

5/22/2002

MDC Bro

Height

Weight

Hair Color

Eye Color

601

260

BD

BL

Name of Inmate

Custody / QTR

Spec. Cond



REGISTER NUMBER

10924-052

INSTITUTION

Time of
Arrival

CCC / CSW

WRK

MEDICAL CLEARANCE

BP-149 (60) reviewed?



Yes



No

Explain

General Population Housing
Approved?



Yes



No

Specify limitation or need

Approved for Temporary Work
Assignment?



Yes



No

Specify limitation or exclusion

NO FLS

For Holdovers: OK for Continued
Transportation?



Yes



No

Explain

Disabilities?



Yes



No

If yes, enter code(s) into MDS)

Remarks

① lice
② accidental infection / 4 hrs

Medical Staff Signature

ARUNI VERMA

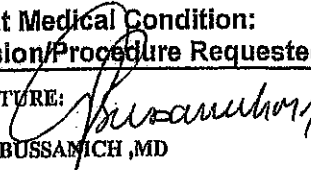
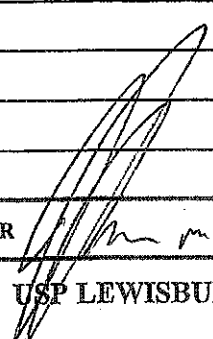
Medical Staff Title

Date

5/23/02

Time

14:15

MEDICAL RECORDS		CONSULTATION SHEET	
TO: SURGICAL CLINIC (IN)		FROM: (Requesting Clinician/Physician) Doctor Bussanich/ J. GERAGI PA/C	DATE OF REQUEST 5/2/06
Chief Complaint: S/P LIPOMA RESECTION EXCISION 3/23/06 - HAS INCISION SITE PACKED & IODOFORM GAUZE - ADVANCED 1" QOD - FLU AS PER DR MOTO NOTE 4/19/06			
History of Present Illness: AS ABOVE			
Significant Diagnostic Studies Done:			
Summary of Prior Treatment for Present Condition:			
Effect condition has on Patient's Ability to Function in Correctional Environment:			
Current Medications: NAPROXEN PRN			
Drug Allergies: NKDA			
Other Significant Medical Condition:			
Primary Impression/Procedure Requested at this Time: S/P LIPOMA EXCISION F/U			
DOCTOR'S SIGNATURE: 		APPROVAL DATE	TO BE SEEN NO LATER THAN: 052006
ANTHONY BUSSANICH, MD			
CONSULTANT SECTION			
SIGNIFICANT FINDINGS:			
wound closed			
DIAGNOSIS: S/P lipoma excision wound closed			
TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)			
NA			
Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)			
PRN			
SIGNATURE AND TITLE OF PROVIDER 		DATE	5/26/06
DATE OF INCARCERATION	USP LEWISBURG, PA 17837	CUSTODY LEVEL:	

PATIENT'S IDENTIFICATION:

MOSHIER, DONALD
10924-052CONSULTATION SHEET
STANDARD FORM 513 (Rev 3/99)

000245

②
5/3

MEDICAL RECORDS		CONSULTATION SHEET	
TO: SURGICAL CLINIC- INSIDE		FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 3-23-2006

Chief Complaint: THIS PATIENT WAS SEEN BY DR. MOTTO IN THE OR ON 3-23-2006, WHEN HE HAD A 4 CM X 4 CM LIPOMA LOCATED IN THE LUQ EXCISED. F/U IN THE APRIL SURGICAL CLINIC WAS REQUESTED.

History of Present Illness: AS ABOVE

Significant Physical Examination Findings:

Significant Diagnostic Studies Done:

Summary of Prior Treatment for Present Condition:

Effect condition has on Patient's Ability to Function in Correctional Environment:

Current Medications: NAPROXEN PRN

Drug Allergies: NKDA

Other Significant Medical Condition:

Primary Impression/Procedure recommended at this time: S/P ABDOMINAL LIPOMA, PLEASE PROVIDE F/U

DOCTOR'S SIGNATURE: <i>B. Becker</i> USP Lewisburg	APPROVAL DATE <i>3/22/06</i>	TO BE SEEN NO LATER THAN: APRIL 2006
---	---------------------------------	---

CONSULTANT SECTION

SIGNIFICANT FINDINGS:

<i>S/p Lipom Excision</i>

DIAGNOSIS:

--

TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)

<i>Incar. Packed - Iodoform Gauze</i>

Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)

<i>Remove 1-2" of Packing QOD + Dress wound. Clean - Q - T.p + H₂O 1 RT-C next Surgeon, clinic DN 11/25/12</i>

SIGNATURE AND TITLE OF PROVIDER <i>[Signature]</i>	DATE <i>4/19</i>
--	------------------

DATE OF INCARCERATION	USP LEWISBURG, PA 17837	CUSTODY LEVEL:
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PATIENT'S IDENTIFICATION:

CONSULTATION SHEET
STANDARD FORM 513 (Rev 3/99)

MOSHIER, DONALD 10924-052

000246

3/22

MEDICAL RECORDS		CONSULTATION SHEET	
TO: DR. MOTTO- OUTSIDE		FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 11-18-2005

Chief Complaint: THIS PATIENT WAS SEEN BY YOU IN CLINIC ON 11-18-2005, WHEN HE WAS NOTED TO HAVE A 4X4 CM LIPOMA IN THE LUQ. YOU RECOMMENDED EXCISION OF THE LESION UNDER LOCAL ANESTHESIA AT THE SURGICENTER.

History of Present Illness: AS ABOVE

Significant Physical Examination Findings:

Significant Diagnostic Studies Done:

Summary of Prior Treatment for Present Condition:


Effect condition has on Patient's Ability to Function in Correctional Environment:

Current Medications: ALBUTEROL INHALER, NAPROXEN

Drug Allergies: NKDA

Other Significant Medical Condition: HEP C +, GERD, ASTHMA

Primary Impression/Procedure Requested at this Time: LIPOMA LUQ, PLEASE EXCISE.

DOCTOR'S SIGNATURE: 11-2308 			APPROVAL DATE 8	TO BE SEEN NO LATER THAN: FEBRUARY 2006 APRIL 2006
---	--	--	--------------------	---

CONSULTANT SECTION

CONSULTANT SECTION			
SIGNIFICANT FINDINGS:			
DIAGNOSIS:			
TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)			
Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)			
SIGNATURE AND TITLE OF PROVIDER		DATE	
B. Becker, M.D. USP Lewisburg		7/1/96	
DATE OF INCARCERATION	USP LEWISBURG, PA 17837	CUSTODY LEVEL:	000247

PATIENT'S IDENTIFICATION:

CONSULTATION SHEET
STANDARD FORM 513 (Rev 3/99)

IN 1/25/12

PERSON PROFILE PAGE: 1

DATE PRINTED: 03/07/2006 PERSON: MOSHIEY DONALD L PERSON ID#: 10924-052

USP LEWISBURG A01-105U

USP LEWISBURG

LEWISBURG, PA 17837

LAST FILL	RX NUM	RF PH	DOCTOR NAME	QUANTITY	COST	ADM DATE
DRUG NAME	NDC	DAYS		REFILL DUE		
03/03/2006	178718	5 HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	03/03/2006
NAPROXEN 500 MG TABLET 500 MG 11819-0277-20 8						
02/21/2006	178717	3 HXC	BUSSANICH, ANTHONY	30.0000EA	0.95	02/23/2006
RANITIDINE 150 MG TAB 00781-1883-60 15						
02/21/2006	178718	4 HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	02/21/2006
NAPROXEN 500 MG TABLET 500 MG 11819-0277-20 8						
02/21/2006	178716	2 HXC	PEORIA, MARK	1.0000EA	0.01	02/22/2006
ALBUTEROL 17 GM MDI 00172-4390-18 30						
02/08/2006	178718	3 HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	02/08/2006
NAPROXEN 500 MG TABLET 500 MG 11819-0277-20 8						
02/08/2006	178717	2 HXC	BUSSANICH, ANTHONY	30.0000EA	0.95	02/08/2006
RANITIDINE 150 MG TAB 00781-1883-60 15						
01/30/2006	178718	2 HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	01/30/2006
NAPROXEN 500 MG TABLET 500 MG 11819-0277-20 8						
01/23/2006	178716	1 HXC	PEORIA, MARK	1.0000EA	0.01	01/23/2006
ALBUTEROL 17 GM MDI 00172-4390-18 30						
01/17/2006	178718	1 HXC	BUSSANICH, ANTHONY	20.0000EA	200.00	01/17/2006
NAPROXEN 500 MG TABLET 500 MG 11819-0277-20 8						
01/17/2006	178717	1 HXC	BUSSANICH, ANTHONY	30.0000EA	0.95	01/17/2006
RANITIDINE 150 MG TAB 00781-1883-60 15						
01/12/2006	178718	0 HXC	BUSSANICH, ANTHONY	0.0000EA	0.00	01/12/2006
NAPROXEN 500 MG TABLET 500 MG 11819-0277-20 0						
01/12/2006	178717	0 HXC	BUSSANICH, ANTHONY	0.0000EA	0.00	01/12/2006
RANITIDINE 150 MG TAB 00781-1883-60 0						
01/12/2006	178716	0 HXC	PEORIA, MARK	0.0000EA	0.00	01/12/2006
ALBUTEROL 17 GM MDI 00172-4390-18 0						

Totals: 13 1002.87

000248

2006-00553

me
JSB

Moshein v. BOP, et al.
Civil Action No. 05-180 (Erie)

Litigation Report Part III

5146583-0 QDS
 DONALD NOSWIER
 USNEP LEWISBURG, PA 17837
 NOTTO, ND CHRISTOPHER
 NOTTO, ND CHRISTOPHER
 44 252325 1

EVANGELICAL COMMUNITY HOSPITAL

One Hospital Drive, Lewisburg, PA 17837
 570.522.2000 FAX: 570.522.2745

MEDICAL / SURGICAL DISCHARGE INSTRUCTION SHEET

- ☒ 1. Diet: Regular
- ☐ 2. Activity restrictions
 - ☒ Simple household chores that do not cause discomfort.
 - ☐ Lift only things that require one hand, to avoid straining.
 - ☐ Lift items weighing up to 10 lbs. the first week and add 5-10 lbs. each week.
 - ☐ May use stairs carefully or with assistance.
 - ☐ May resume driving _____
 - ☐ Other _____
- ☒ 3. May take tub bath or shower.
- ☐ 4. Wash incision every day with soap and water.
 - a. Dressing Instructions: ☐ Not Necessary. ☐ Remove in _____ days.
 - b. If your incision becomes sore, red or draining, take your temperature and call physician.
- ☐ 5. Remove ace bandage or elastic stockings for bathing. Elevate leg before reapplying.
- ☐ 6. May resume sexual intercourse in _____ days _____ weeks.
- ☐ 7. Return visit: To schedule an appointment
 - Call Next Surgery Clinic at _____ for appointment in _____ wks. / days.
 - Call _____ at _____ for appointment in _____ wks. / days.
 - Call _____ at _____ for appointment in _____ wks. / days.
- ☐ 8. Employment: Expect to return to work in _____ days _____ weeks.
- ☐ 9. Medications: ☐ Get prescriptions filled. ☐ None.
 - a. Tylenol as needed
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____

Other Instructions: _____

B. Becker, M.D.

USP Lewisburg

Home Health Services Referral: ☐ Yes ☐ No Agency: _____

Hospital Adm. Date _____ Home Phone #: _____ Date Service Requested: _____

Diagnosis: _____

Surgical Procedures: _____

Home Services Needed: ☐ Physical Therapy ☐ Medical Social Work ☐ Speech Therapy
☐ Skilled Nursing ☐ Occupational Therapy ☐ Home Health Aide

Physician's Instructions: _____

In case of emergency, please call _____ or 522-2000.

000249

Donald M. M... 3-23-06

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: SURGERY IN	FROM: (Requesting physician or activity) BUSSANICH	DATE OF REQUEST 10/25/05	
REASON FOR REQUEST (Complaints and findings)			
<p>① LEFT-UPPER QUADRANT MASS, states is progressively increasing in size p/e: 4x4cm MASS movable LUG</p> <p>② Also claims BLEEDING hemorrhoids p/e ⊕ Hemorrhoids ②</p>			
PROVISIONAL DIAGNOSIS			
<p>① Left upper quadrant MASS for exc. ② Hemorrhoids</p>			
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE <input type="checkbox"/> 72 HOURS <input type="checkbox"/> TODAY <input type="checkbox"/> EMERGENCY
Anthony J. Busanich MD		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	
CONSULTATION REPORT			
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEMEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO	

4x4 cm Lipoma LUG
can excise Locally

Irritated bleeding Hemorrhoids

Answered fec suppositories

7 PR TH

SIGNATURE AND TITLE		(Continue on reverse side) IN 4/5/12		DATE
HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT	
RELATION TO SPONSOR	SPONSOR'S NAME (Last, first, middle)		SPONSOR'S ID NUMBER (SSN or Other)	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.	
		10924-052		

Moshon, Don MD

CONSULTATION SHEET 000250
Medical Record

513-110

NSN 7540-00-634-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Dr. Graham FROM: (Requesting physician or activity) H Beam FCI/McKean DATE OF REQUEST 4/27/05

REASON FOR REQUEST (Complaints and findings)

4340 SR cholecystectomy 4/19/05 for
gangrenous gallbladder
needs post op check

PROVISIONAL DIAGNOSIS

SR cholecystectomy

DOCTOR'S SIGNATURE

H Beam

APPROVED

H. BEAM, MD
FCI/MCKEAN

PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL☐ ROUTINE☐ TODAY☐ 72 HOURS☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

tol P.O. no N, V Bowels OK
wound healing well, no hernia or infection
appetite still down a little
& he has lost some weight by appearance
(still is overweight)
morning well & looks good
Rec - no heavy activities for a few more
weeks
will see as needed

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

12-12-05

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

10924-052

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

000251

Donald Moshier

Reviewed by D. Olson, MD

Date: 5/12/05

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)
Prescribed by GSNICMR, FIRM (41 CFR) 201-9.202-1

**HCV Treatment Psychology Evaluation
FCI, McKean**

NAME: Moshier, Donald

Reg. No. 10924-052

AGE: 43

ETHNICITY: White, non-Hispanic

INSTANT OFFENSE: PWITD Methamphetamine; Mailing Threatening Communications

LENGTH OF SENTENCE: 120 months

MANDATORY RELEASE DATE: 2/28/2012

CUSTODY/SECURITY LEVEL: IN/Medium

INSTITUTION ADJUSTMENT: Good

PRESENTING PROBLEM/REASON FOR REFERRAL: Inmate Moshier, Donald is being considered for combined interferon and ribivirin treatment for chronic HCV.

PSYCHIATRIC HISTORY, ONSET OF: No history of mental illness or treatment, no family history of mental illness.

MEDICATIONS: Acetamenophen 500mg, 2 tab, bid; Ranitidine 150mg, bid; Tetracycline, 500mg, bid; Hydrocortisone Cream, 1%.

HISTORY OF ALCOHOL ABUSE/DEPENDENCE: History of methamphetamine, cocaine and cannabis dependence.

HISTORY OF HEAD TRAUMA: None

HISTORY OF ANTISOCIAL BEHAVIOR: Conspiracy to Distribute Methamphetamine; Mailing Threatening Communications; Grand Theft, DUI, Harassment, Possession of Marijuana

OTHER PERTINENT PSYCHIATRIC HISTORY: None

PERTINENT MEDICAL/SURGICAL HISTORY: Chronic HCV, Asthma, Peripheral Vascular Disease

MENTAL STATUS EXAMINATION - PERTINENT FINDINGS: Inmate Moshier has appropriate affect and euthymic mood. He denies any family history of suicide. The inmate denies thoughts of hurting himself or others. There is no evidence of psychosis or disturbed thinking. The inmate is aware of the risks of treatment/non-treatment for HCV as described by his treating physician. He was made aware of the signs and symptoms of depression that might signal a need for additional treatment and could potentially result from his treatment of chronic HCV with the medications being contemplated by his treating physician.

DIAGNOSTIC IMPRESSION

Axis I: Polysubstance dependence, in remission due to incarceration

Axis II: Personality disorder, NOS (with antisocial features)

RECOMMENDATIONS: There are no mental health contraindications for inmate Moshier to receive a trial of interferon/ribivirin for the treatment of chronic HCV.

Walter L. Rhinehart, Psy.D.

Chief Psychologist

FCI, McKean

9/22/04

REVIEWED BY:

9/24/04
N. Ball

H. BEAM, MD
FCI MCKEAN

000252

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

=====

***** SENSITIVE-LIMITED OFFICIAL USE *****

FINAL REPORT

=====

Register Number : 10924-052 Age : 42yr
 Name : MOSHIER JR, DONALD Sex : M
 Location : FCI MCKEAN (MCK) Room:
 Admit. Physician: BEAM, MD Accession Number : 5284
 Order. Physician: BEAM, MD
 Collected : 07/19/04 @ 08:10 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
COMP. METABOLIC				
Glucose	168	HI	70 - 110 mg/dL	JE RY
Urea Nitrogen	16		7 - 22 mg/dL	JE RY
Creatinine	1.0		0.6 - 1.6 mg/dL	JE RY
SodiumI	141		137 - 148 mmol/L	JE RY
Potassium	3.9		3.5 - 5.0 mmol/L	JE RY
ChlorideI	105		99 - 114 mmol/L	JE RY
CalciumI	8.7		8.5 - 10.9 mg/dL	JE RY
Total Protein	7.0		6.0 - 8.2 g/dL	JE RY
Albumin	3.9		3.6 - 5.1 g/dL	JE RY
Alkaline Phos.	80		41 - 133 U/L	JE RY
AST (SGOT)	106	HI	11 - 55 U/L	JE RY
Total BilirubinI	0.7		0.2 - 1.3 mg/dL	JE RY
Cholesterol	110	LO	140 - 200 mg/dL	JE RY
ALT1 (SGPT)	130	HI	11 - 66 U/L	JE RY
TSH	1.16		0.30 - 7.00 uIU/mL	KS RY
CBC				
White Blood Cell	5.0		4.3 - 11.1 10 ³ /uL	RS RY
Red Blood Cells	5.52		4.46 - 5.78 10 ⁶ /uL	RS RY
Hemoglobin	17.6		13.6 - 17.6 g/dL	RS RY
Hematocrit	50.7		40.2 - 51.4 %	RS RY
MCV	91.8		82.5 - 96.5 fL	RS RY
MCH	32.0		27.1 - 34.3 pg	RS RY
MCHC	34.8		33.0 - 35.0 g/dL	RS RY
RDW	13.6		12.0 - 14.0 %	RS RY
PLT	101	LO	130 - 374 10 ³ /uL	RS RY
MPV	9.3		6.9 - 10.5 fL	RS RY
AUTODIFF				
Neutrophils	70.9	HI	43.0 - 67.0 %	RS RY
Lymphocytes	19.3	LO	21.0 - 45.0 %	RS RY
Monocytes	7.1		5.0 - 13.0 %	RS RY
Eosinophils	2.3		0.0 - 7.0 %	RS RY
Basophils	0.4		0.0 - 1.0 %	RS RY
Neutrophil #	3.5		1.9 - 6.7 10 ³ /uL	RS RY
Lymphocyte #	1.0	LO	1.3 - 2.7 10 ³ /uL	RS RY
Monocyte #	0.4		0.3 - 1.1 10 ³ /uL	RY
Eosinophil #	0.1		0.0 - 5 10 ³ /uL	RY

Legend

LO=Low AL=Alarm Low EL=Elevated Low H=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : MOSHIER JR, DONALD
 Register Number : 10924-052
 Printed : 07/20/2004 @ 15:06

REVIEWED BY: *[Signature]*
 Location: MCK
 Page : 1 of 2

H. BEAM, MD
 FCI MCKEAN

000253

U. S. M. CENTER FOR FEDERAL PRI
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 10924-052 Age : 42
Name : MOSHIER JR, DONALD Sex : M
Location : FCI MCKEAN (MCK) Accession Number: 9727
Physician : BEAM, MD "X" if Complete : [X]
Collection Date: 11/17/2003
Collection Time: 11:00
Tests : HBsAg; HBsAb; HBcAb; Anti-HAV-IgM
Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
HBsAg	Negative		Negative	SY RY
HBsAb	Positive		Negative	SY RY
HBcAb	Positive		Negative	SY RY
Anti-HAV-IgM	Negative		Negative	JN RY

-- End of Laboratory Report --

FCI MCKEAN HEALTH SVC.

03 NOV 26 PM 2:17

S. Czeka, mt
S. Czeka, Med Tech.

Name : MOSHIER JR, DONALD
Register#: 10924-052
Printed : 11/26/2003 @ 12:39

Doctor : BEAM, MD
Location: FCI MCKEAN (MCK)
.....
Sensitive L. O. U.

REVIEWED BY:

HBsAg
4/26/03

H. BEAM, MD
FCI MCKEAN

000254

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
 LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 10924-052
 Name : MOSHIER JR, DONALD
 Location : FCI MCKEAN (MCK)
 Physician : MISCELLANEOUS DOCTOR
 Collection Date: 04/16/2003
 Collection Time: 07:45
 Tests | HIV-Ab
 Ordered |

Age : 41
 Sex : M
 Accession Number: 1366
 "X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	Voluntary Testing			
HIV-Ab	Negative			
	DO NOT REMOVE REPORT FROM PATIENT CHART			
	-- End of Laboratory Report --			

NR SY RY

Voluntary

FCI MCKEAN HEALTH SVC.

03 APR 20 AM 8:32

S. Czakai
 S. Czakai, Med Tech.

Name : MOSHIER JR, DONALD
 Register#: 10924-052
 Printed : 04/21/2003 @ 12:00

Doctor : MISCELLANEOUS DOCTOR
 Location: FCI MCKEAN (MCK)
 Sensitive L.O.U.

REVIEWED BY:

H. Beam
 4/29/03

H. BEAM, MD
 FCI MCKEAN

000255

U. S. MF 'CA' CENTER FOR FEDERAL PRIS EPS
 (B) ATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 10924-052 Age : 42
 Name : MOSHIER JR, DONALD Sex : M
 Location : FCI MCKEAN (MCK) Accession Number: 3832
 Physician : MISCELLANEOUS DOCTOR *E. Coop, PAC* "X" if Complete : [X]
 Collection Date: 09/04/2003
 Collection Time: 08:50
 Tests : Anti-HCV; S:CO Ratio (HCV)
 Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
Anti-HCV	Positive		Negative	SY CK
S:CO Ratio (HCV)	8.6			TX CK

Samples with high s:co ratios (>3.8) usually (>95%) confirm positive, but <5 of every 100 might represent false positives. More specific testing may be indicated.

-- End of Laboratory Report --

FCI MCKEAN HEALTH SVC.

03 SEP 16 AM 7:46

REVIEWED BY:

H. Beam
 9/16/03

H. BEAM, MD
 FCI MCKEAN

S. Czeka
 S. Czeka, Med Tech.

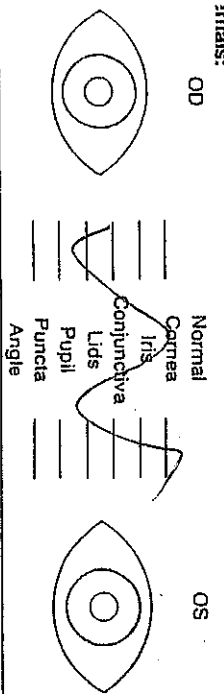
Name : MOSHIER JR, DONALD
 Register#: 10924-052
 Printed : 09/16/2003 @ 06:32

Doctor : MISCELLANEOUS DOCTOR
 Location: FCI MCKEAN (MCK)
 Sensitive L. O. U.

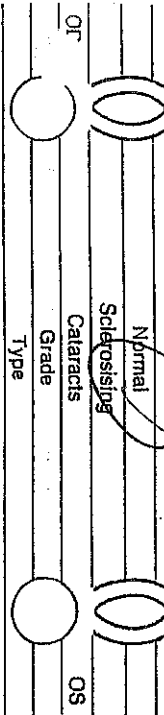
000256

<i>Moshier</i>		BILL TO: KAREN MASSEY RD 1/BOX 108 RR 3 BOX 1000 LEWISBURG, PA. 17837	
PATIENT NAME 10924-052 II-4 144577		CUST. NUMBER FO: MASSEY	INVOICE NUMBER 242840
Tray No. 9819	Date Processed 04/05/2006	04/19/2006	
R. EYE -0.25	-0.75	90	6.0
L. EYE -0.25	-0.75	90	6.0
R. EYE 1.50	28	21.0	64.0
L. EYE 1.50	28	21.0	64.0
FRAME DATA		CHARGES	
Size 54.0	Depth 48.0	E.D. 59.0	D.B.L. 24.0
Model: 01202/214/TPL Length: 83.84		SAFETY	
EDGED UNCUT		PRICE	
LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input type="checkbox"/>		RIGHT LENS	
LENS DATA		LEFT LENS	
Type R: ST28 CR-39 SRC1 SOLA 76		83-84	
L: ST28 CR-39 SRC1 SOLA 76		SAFETY	
FDA CODE SEC. 3, 84, 21 CFR		NOTE FOLLOWING EXCEPTIONS	
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.		(1) PLASTIC: Mr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.	
COMMENTS: J-10293661 LI-4 T-9819		Sub Total 34.	
02 A OPT		Freight	
OF A 2		Total Due 34	
FROM: 144577 2040 POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.		SHIP TO: KAREN MASSEY USP LEWISBURG HEALTH CRVC RR 3 BOX 1000 LEWISBURG, PA. 17837	

Normals:

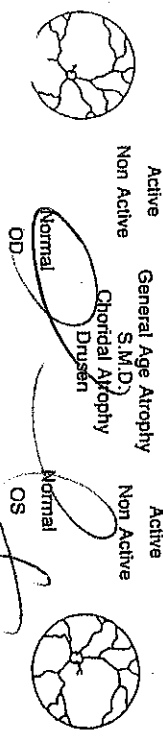


S: Grade: 1-mild 2-moderate 3-dense 4-very dense



Aphakia IOL Type

Idus:	C/DH+	C/DV+	HR	AS	A/V	Vit	Mac	Periphery
OD:	2	3						
OS:	2	3						



Patient told of eye health condition OU

diman Tonometry:

OD:

OS:

MUSCLE BALANCE TEST: Place dot where patient sees Red Dot.

COLOR VISION: 0 - correct X - wrong

A B C D E F
12 5 26 6 16 0

LATERAL PHORIA: Circle #

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
7 6 5 4 3 2 1 0 1 2 3 4 5 6 7

ESO EXO

VERTICAL PHORIA: Circle #

1 2 3 4 5 6 7
1 1/2 1 1/2 0 1/2 1 1/2
Left Hyper Right Hyper

Age: 46 DOB: 10/24/52

Occupation: 10924-052-15

Last Exam: 3/28/06

History: Old Rx: Tint: Glass Plastic Style

Glasses: FT N D HCL SCL

General Health

Medication

Allergies

Family History

Chief Complaint:

VA 55 Rx - O.U. VA 66 Rx - O.U.

Dist.	OD	OS	OD	OS
OD				
OS				
Near	OD	OS	OD	OS
OD				
OS				

OBJ: OS VA

SUBJ:	OD	OS	VA
OD			
OS			

PD	OD	OS	Add
64			
4180			

Plan:

Return Months

Check

INSTITUTION: USP LEWISBURG

CITY: LEWISBURG

STATE: PA

ZIP: 17837

CONTACT PERSON: Karen J. Masser, HSAA

PHONE NO: 717-522-7890

FAX: (919) 515-6286

Name: Mosher, Donald

Date: 10/24-052-15

Location: USP Lewisburg

Old Rx: Tint: Glass Plastic Style

OD

OS

Told New Rx: No Change

Glass PGX Plastic Tint

Sph	Cyl	Axis	Prism	Base	PD	Det
R	-025	-075	90		44	
L	-025	-075	90		44	

Add	Seg Hgt	LAB	Multifocal Type
R	4180		
L	4180		

Manufacturer	Name	Color
	24	

Eye Size	Bridge Size	B.	ED.
56	24		

Special Instructions:	Supply	Enclosed

Attachment 1	150-89180001	October 1, 1989

Referred By	Time

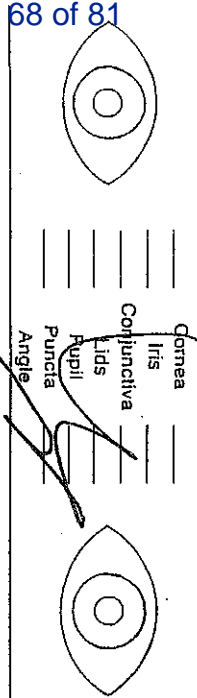
<i>Moshier</i> <i>10924-052</i>		BILL TO: KAREN MASSER DOJ/USP LEWISBURG RR 5 BOX 1000 LEWISBURG PA, 17837	
PATIENT NAME LI-17 144577		CUST. NUMBER PD: MASSER	INVOICE NUMBER 236627
Tray No. 8900	Date Processed 01/13/2008	01/27/2008	
R. EYE -0.25 L. EYE -0.25	-0.75 -0.75	90 90	6.00 6.00
Sphere Add 1.50	Cylinder Width 28	Axis Height 18.5	Prism Base Curve P.D. 64.0 N.P.D. 61.0
FRAME DATA Size 50.0 Depth 43.0 E.D. 50.0 D.B.L. 20.0 Model: 10000000128 MPL Length 50X26 83-84 SMOKE		CHARGES DESCRIPTION PRICE RIGHT LENS 11.00 LEFT LENS 11.00 83-84 12.00 SAFETY 1.00	
EDGED UNCUT <input checked="" type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input type="checkbox"/>		LENS DATA Type Material R: ST28 CR-39 SRC1 SOLA 76 L: ST28 CR-39 SRC1 SOLA 76	
FDA CODE SEC. 3, 84, 21 CFR THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.		NOTE FOLLOWING EXCEPTIONS (1) PLASTIC: Mr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.	
COMMENTS: J-10286239 LI-17 T-8900		Sub Total 34.00 Freight Total Due 34.00	
FROM 144577 6027 POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.		SHIP TO: KAREN MASSER USP LEWISBURG HEALTH SRVC RR 5 BOX 1000 LEWISBURG PA, 17837	

000259

MOSELER 10924-052		BILL TO: KAREN MASSEY 803/BORUSP LEWISBURG RR 5 PENN RD. BOX 1 LEWISBURG PA. 17837											
PATIENT NAME L1-17 144577		CUST. NUMBER PO: MASSEY	INVOICE NUMBER 236627										
Tray No. 8900	Date Processed 01/13/2006	01/27/2006											
R. EYE -0.25 -0.75 90 L. EYE -0.25 -0.75 90	Sphere Cylinder Axis Prism Base Curve	6.00 6.00											
R. EYE 1.50 28 18.5 L. EYE Add 1.50 Width 28 Height 18.5	Add Width Height	R. EYE 64.0 61.0 L. EYE P.D. 64.0 N.P.D. 61.0	P.D. N.P.D.										
FRAME DATA Size Depth E.D. D.B.L. 50.0 43.0 50.0 20.0 Model: 100000001234567890 83-84 SMOKE		CHARGES <table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>PRICE</th> </tr> </thead> <tbody> <tr> <td>RIGHT LENS</td> <td>11.00</td> </tr> <tr> <td>LEFT LENS</td> <td>11.00</td> </tr> <tr> <td>83-84</td> <td>12.00</td> </tr> <tr> <td>SAFETY</td> <td>1.00</td> </tr> </tbody> </table>		DESCRIPTION	PRICE	RIGHT LENS	11.00	LEFT LENS	11.00	83-84	12.00	SAFETY	1.00
DESCRIPTION	PRICE												
RIGHT LENS	11.00												
LEFT LENS	11.00												
83-84	12.00												
SAFETY	1.00												
EDGED UNCUT <input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input checked="" type="checkbox"/> SUPPLIED		Double Prescription											
LENS DATA Type Material R: ST28 CR-39 SRC1 SOLA 76 L: ST28 CR-39 SRC1 SOLA 76		Double Prescription											
FDA CODE SEC. 3, 84, 21 CFR THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.		NOTE FOLLOWING EXCEPTIONS (1) PLASTIC: Mr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.											
COMMENTS: J-10286239 L1-17 T-8900 02 A 170		Sub Total 34.00 Freight Total Due 34.00											
FROM: 144577 6627 POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.		SHIP TO: KAREN MASSEY USP LEWISBURG HEALTH SRVC RR 5 BOX 1000 LEWISBURG, PA. 17837											

000260

Remains: OD OS



Grade: 1-mild 2-moderate 3-dense 4-very dense

Normal
Sclerotic
Cataracts
Grade
Type
Surgery
Aphakia
IOL Type

Reflex: C/DH C/DV HR AS AY Vit Mac Periphery
Diagnostics OD: 2200 2200
OS: 2200 2200

Active General Age Atrophy Non Active
Non Active S.M.D.
Chorioid Atrophy
Drusen
Normal OD Normal OS

Patient told of eye health condition OU

MUSCLE BALANCE TEST: Place dot where patient sees Red Dot
A B
12 5 20 6 16 0

LATERAL PHORIA: Circle #
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
7 6 5 4 3 2 1 0 1 2 3 4 5 6 7

VERTICAL PHORIA: Circle #
1 2 3 4 5 6 7
1 1/2 1 1/2 0 1/2 1 1/2
Left Hyper Right Hyper

Age 44 DOB

Occupation

Last Exam

Glasses: FT N D HCL SCL

Medication

Allergies

Family History

Chief Complaint: 8/1/05

Dist.	OD	OS	OD	OS
VA	55 Rx - O.U.	VA	60 Rx - O.U.	
Dist.	OS	OS	OD	OS
Ahear	OS	OS	OD	OS

PD 64/61 Add +1.50
K OD OS

Plan: Return Months
Check

Referred Dr. Time

Name Moshier, Donald

Date 10/24/05

Location USP Lewisburg 12/23/05

Old Rx: Tint Glass Plastic Style

Told New Rx: No Change

Glass.	PGX	Plastic	Tint
Sph	Cyl	Axis	Prism
R	0.25	0.75	0.90
L	0.25	0.75	0.90

Add	Seg Hgt	LAB	Multifocal Type
R	1/50		
L	1/50		

Manufacturer	Name	Color
Eye Size	Bridge Size	B.
50	20	6

Please Circle FTC Supply Enclosed

Special Instructions:
Attachment 1 150-83(8000) October 1, 1999
EYEGLASS PRESCRIPTION
ARRIVAL DATE PURCHASE ORDER NO. JOB NO.

INSTITUTION: USP LEWISBURG
CITY: LEWISBURG
STATE: PA.
ZIP: 17831
CONTACT PERSON: Karen J. Masser, HSAA
PHONE NO: 570-522-7890
FAX: (919) 573-6280

12.23.2005

Mosher

OPT
A
11

BILL TO: DIAM CALDWELL
FCI MCKEAN HEALTH SVC
RT 59 BIG SHANTY ROAD
LEWIS RUN
PA, 16738

PATIENT NAME: 10924-052 LI-3 110666 CUST. NUMBER: P0: CALDWELL INVOICE NUMBER: 194450

Tray No. 9113 Date Processed 06/23/2004 07/07/2004

R. EYE	-0.50	-0.75	105	6.00
L. EYE	-0.25	-0.75	60	6.00
	Sphere	Cylinder	Axis	Base Curve

R. EYE	0.0	R. EYE	67.0
L. EYE	0.0	L. EYE	67.0
	Add		P.D.
	Width		N.P.D.
	Height		

FRAME DATA				CHARGES	
Size	Depth	E.D.	D.B.L.	DESCRIPTION	PRICE
54.0	48.0	59.0	22.0	RIGHT LENS	11.00
Model: 0320272297 MPL. Lens 54X22				LEFT LENS	11.00
83-84 SMOKE				83-84	12.00
				SAFETY	.00

EDGED UNCUT ☒ LENS ONLY ☐ ENCLOSED ☐ TO COME ☐ SUPPLIED ☒

Type	LENS DATA	Material
R:	SV CR-39 SRC1 SOLA 72	
L:	SV CR-39 SRC1 SOLA 72	

FDA CODE SEC. 3, 84, 21 CFR

NOTE FOLLOWING EXCEPTIONS:

THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.

(1) PLASTIC: Mir. certifies lenses ground to specifications are impact resistant within FDA code.
(2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing.
(3) RAISED EDGE multilocals have been made impact resistant, but are exempted from drop ball testing.

COMMENTS:
J-10227755 LI-3 T-9113

J. Dall

Sub Total 34.00

Freight

Total Due 34.00

FROM: 110666 POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER

SHIP TO: FCI MCKEAN HEALTH SVC
RT 59 BIG SHANTY RD
LEWIS RUN, PA, 16738

000262

513-110

NSN 7540-00-634-4127

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: OPTOMETRIST		FROM: (Requesting physician or activity) Dennis Olson, MD, CD	
REASON FOR REQUEST (Complaints and findings)		DATE OF REQUEST	
EYE EXAM : SUBJECTIVE : HesC blur @ far last couple of months age 42			
PROVISIONAL DIAGNOSIS			
DOCTOR'S SIGNATURE D. OLSON, M.D.		APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL
			<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
CONSULTATION REPORT			
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		PATIENT EXAMINED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Visual Acuity Distance OD 20/30 OS 20/30		TONOMETRY: OD OS	
Near OD .37m OS .37m			
External Normal 67			
Internal			
Refraction OD -.50 -1.75 x 105 20/20		54 x 22 x 6!	
OS -.25 -.75 x 60 20/20			
Diagnosis CMA			
Analysis requires eyeglasses for distance main			
Plan order eyeglasses for distance main			
(Continue on reverse side)			
SIGNATURE AND TITLE Christian J. Hannon		DATE 6/16/06	
IDENTIFICATION NO.	ORGANIZATION FCI McKean	REGISTER NO. 10924-052	WARD NO.
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)			
6/16/06			
Dennis Olson, MD Physician		Woshier, Donald	

CONSULTATION SHEET
Medical RecordSTANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

000263

Eyeglass Prescription

TRAY NO.		ARRIVAL DATE		PRESCRIPTION NO.	
INSTITUTION:					
CITY				ZIP	
STATE					
LENSES					
EXTRA					
FRAME OR MTG					
MISC					

Mushier, Donald
10924-052
FCT - McKean

DISTANCE	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN DEC. OUT	
R	-1.50	-0.75	105				
L	-2.25	-0.75	60				

ADD	HEIGHT	WIDTH	INSET		PUPILLARY WIDTH	
			R	L	DIST.	NEAR
R					67	X
L						

SEG. STYLE	ORTH. F. TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	STRAIGHT TOP			OTHER
							22	25	28	
	22		22	22-24	22-25					

FRAME OR SHAPE	EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE
29 <i>Emolo</i>	54	22	6 1/4

SPECIAL INSTRUCTIONS
() LENS ONLY
() FRAMES ONLY

plastic

Mail to:
Federal Prison Industries
Box 100
Butner, N.C. 27509

Christian J. Horvath 6/16/04
DATE
SIGNATURE
USP LVN

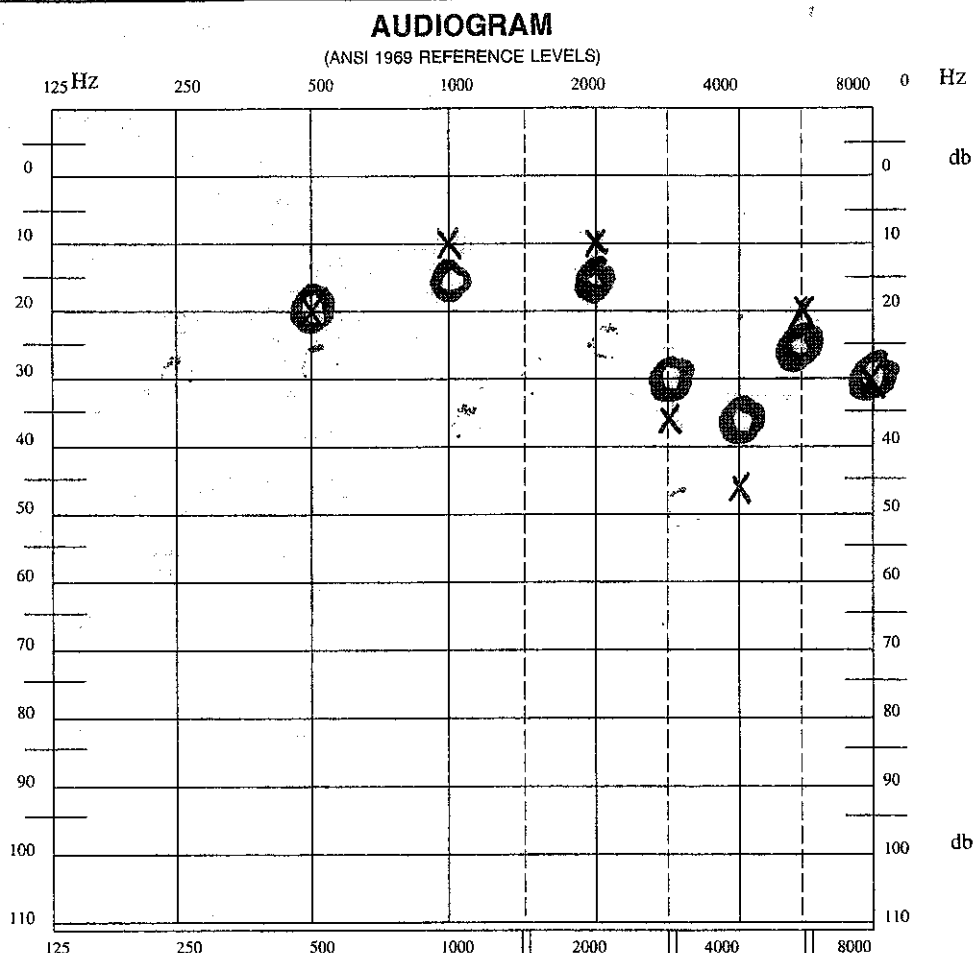
Previous editions not usable

BP-357(60)
MAY 1984

Federal Bureau of Prisons

CODE	
AIR UNMASKED	
RIGHT	<input type="radio"/> — <input type="radio"/> RED
LEFT	<input checked="" type="radio"/> — <input checked="" type="radio"/> BLUE
AIR MASKED	
RIGHT	<input type="triangle"/> — <input type="triangle"/> RED
LEFT	<input type="square"/> — <input type="square"/> BLUE
BONE UNMASKED	
RIGHT	<input type="checkbox"/> — <input type="checkbox"/> RED
LEFT	<input type="checkbox"/> — <input type="checkbox"/> BLUE
BONE MASKED	
RIGHT	<input type="checkbox"/> — <input type="checkbox"/> RED
LEFT	<input type="checkbox"/> — <input type="checkbox"/> BLUE
THRESHOLD OF DISCOMFORT	
RIGHT	<input type="checkbox"/> — <input type="checkbox"/> RED
LEFT	<input type="checkbox"/> — <input type="checkbox"/> BLUE
NO RESPONSE	
OTHER (Specify)	

HEARING THRESHOLD LEVEL IN DECIBELS (db)



MASKING LEVEL
IN OPPOSITE EAR

BC	L	R	L	R	L	R	L	R	L	R	BC
AC											AC

FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB 15 14 10 8.5 6 11.5
10 8.5 9.5

EXAMINERS INITIALS	SPEECH AUDIOMETRY											
	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)				PURE TONE AVERAGES		
	1	2	3	4		1	2	3	4	EAR	TWO FREQ.	THREE FREQ.
RIGHT EAR					RIGHT EAR							
LEFT EAR					LEFT EAR							
MASKING LEVEL												

REMARKS

BASLINE - UNICOR

Dr. D. Massa, MD
Dr. D. Massa, MD
FCC Philadelphia

WORK DETAIL		AUDIOMETER USED		EXAMINER	
WEID-2		MAICO		Bret Brosious, RT (R)	
NAME	REG. NUMBER	AGE	INSTITUTION	DATE	
MOSHIER DONALD	109241-052	18 AUG 1961	USP Lewisburg Health Services Unit Lewisburg, PA 17837	13 JUL 2005	

000265

** LIMITED OFFICIAL USE **

SUICIDE RISK ASSESSMENT

Date: February 21, 2005

Inmate: MOSHIER, DONALD

Unit: A

Reg. No: 10924-052

Author: KENT CANNON, PSY.D.

Title: DAP COORDINATOR

Institution : FCI MCKEAN

Housing : ADM. DETENTION

Type of Attempt : NO ATTEMPT

Lethality Assessment : N/A

Overall Suicide Risk Level .. : Precise prediction of suicidal behavior is difficult and should be modified over time as circumstances change. Based on the findings noted below, the current overall risk of suicide is judged to be LOW.

Action : A formal suicide watch is not warranted at this time

COMMENTS:

Section I: PERSON MAKING REFERRAL: Activities Lt. Garcia

Section II: REASON FOR REFERRAL: This inmate reportedly told Lt. Garcia, "If I don't see Dr. Rhinehart and the Warden after lunch then I will hang myself, because me being here is bullshit."

Section III: RISK FACTORS:

1. SOCIAL RELATIONAL:

N A. Significant Other(s) Status: His father is reportedly dieing of cancer, and he wants to phone him so his father won't needlessly drive here in bad weather. He said he looks forward to being reunited with his parents and his sons when he is released from prison.

P B. Imminent loss (see above). He said he fears not being able to talk to his father after his father dies from cancer.

N/S C. Status Issues: Significant alteration of circumstances: This inmate said he has no difficulty in this area.

2. SITUATIONAL:

P A. Criminal Justice Issues: This SHU inmate said he wants access to his property because he has only four days to ask for an extension on his legal appeal, before the time deadline elapses.

P B. Institutional Issues: This inmate is in the SHU for an

investigation for "encouraging a group demonstration." He said he never did this. He said staff "set me up for this," so he said he wants the Warden to transfer him to another facility. He said he is not having any problems with

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** LIMITED OFFICIAL USE **

Suicide Risk Assessment
MOSHIER, DONALD
10924-052

Page 2

other inmates, aside from the fact that he said another inmate planted a shank in his cell awhile back.

N/S C. Safety Issues: This inmate does not view his prison environment as dangerous. He said he has nothing to fear here, and he said he will be able to cope well here - if he gets his property so he can make his legal appeal, and if he can phone his father to see how he is doing.

3. MEDICAL:

P A. Distressing Illness: Significant medical concern - chronic back problems and hepatitis C.

N/S B. Pain (Physical): Chronic back pain, and a skin rash covering much of his body. Low intensity and duration. "I can tolerate all of this, if I can just get my property to make my legal appeal, and phone my father."

N/S C. Chemical Abuse/Use: This inmate said this is not a problem for him; however, he was once given a diagnosis of Polysubstance Dependence on 4/14/03.

4. PSYCHIATRIC:

N/S A. Treatment History: Only short-term substance abuse counseling.

N/S B. Current Status: Axis II: Antisocial Personality Disorder.

5. PSYCHOLOGICAL:

N/S A. General Mental Health Status: "No, I am not having any suicidal thoughts or feelings. I also am not feeling depressed. I am just pissed-off that they won't give me my property and let me phone my father." This inmate did not appear to be depressed; instead, he appeared angry and manipulative. "The only reason why I told the Lt. that I was going to hang myself is because that is the only way an inmate can get any help around here (the SHU). No, I have not had a single suicidal thought, and I don't have a plan to take my life. I just want to phone my dad and get my property. I think staff are screwing with me, that's why they won't help me."

N/S B. Hopelessness-Helplessness: This inmate stated a strong desire to be reunited with his family when he is released from prison. He said he looks forward to being with his sons and his parents. We discussed ways he can better handle his stress. "I guess your right Dr. I was only looking at the negative, and I was not also thinking about being with my family. I don't want to mess-up and have to wait longer to see my family." This inmate clearly stated many things that he is hopeful for in his future, and many ways in which he does not feel helpless in his personal environment.

N/S C. Depression: This inmate clearly and strongly affirmed that he was NOT feeling depressed, and he did not appear to be feeling depressed. He did not manifest any vegetative symptoms.

000268

N/S D. Pain (Emotional): This inmate said that although he is feeling angry at staff for not giving him his property, for not letting him have access to the phones in SHU when he wants, and for placing him in SHU pending

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Suicide Risk Assessment
MOSHIER, DONALD
10924-052

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an investigation for "encouraging a group demonstration," he confidentially stated that he can cope with this and his other life and emotional stressors.

N/S E. Negative Cognitions (Emphasizing Self Concept): Although I assessed for this area, this inmate did not verbalize the presence of anything in this area. Instead, he appears to have a positive self-esteem, and was able to articulate positive alternatives. He only appeared to lie to staff in an effort to manipulate staff.

N/S F. Coping Resources: This inmate was easily able to articulate cogent reasons for living. He did not claim a history of serious deficits in coping, or evidence major deficits in basic living skills. He did not manifest constriction (e.g., an inability to see alternatives to present difficulties and distressing personal problem); etc.

6. HISTORICAL:

N/S A. Self-Destructive: This inmate denied past suicide attempt/gestures.

P B. Impulsivity: This inmate appears to have a history of impulsive and manipulative acting out, as is evidenced by his history of self-destructive substance abuse, history of violence, and history of illegal behavior.

N/S C. Personal Awareness Issues: This inmate said that none of his significant others have a history of suicide. He does not have any personal contact with suicidal individuals. He denied the presence of other unusual factors such as fascination with suicide through reading, religious suicide cult ideology; etc.

7. BEHAVIORAL:

N/S A. Self-Destructive: This inmate said he does not have a history of self-inflicted injury or suicide attempt.

N/S B. Withdrawal: This inmate does not appear to be isolating, or reducing his interaction with others including inmates, staff, or family; instead, he complains of not being able to phone his family, and his desire to win his appeal so he can be with his sons sooner. He said he is eating his meals.

N/S C. Changes: This inmate complained that he is not being given more frequent access to the inmate showers while he is being housed in the SHU. He also complained that he is not being given "Irish Spring" soap, because it is "easier on his skin," because of his skin condition. He also complained of having to sleep on the floor in his SHU cell because there are so many inmates in his SHU cell, because he finds it uncomfortable, and it is harder for him to get a good nights sleep, like he wants.

000270

N/S D. Related Actions: There was no evidence to suggest that this inmate was engaged in hoarding medications, stealing medications, buying drugs, collecting materials such as making a rope, writing a suicide letter

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** LIMITED OFFICIAL USE **

Suicide Risk Assessment
MOSHIER, DONALD
10924-052

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with death references, making final arrangement, or putting his affairs "in order," etc.

8. MOTIVATIONAL:

N/S A. Intentionality: It was determined that this inmate did not have a desire to die, escape, effect change, or solve a problem through death. Instead, he clearly stated that he wanted to live, and was looking forward to being with his family. He clearly stated that the ONLY reason he lied, and told the Lt. that he was suicidal, was because he felt that this was the only way he could get his property and a phone call, and get a chance to tell the Warden that he wanted to be moved to another facility.

N/S B. Plan: This inmate clearly stated that he did not have a plan, or tools with which to take his life.

N/S C. Goals: This inmate did not see death as an escape, nor was he imagining scenes of life after death in peaceful setting. This inmate demonstrated a willingness to work with this clinician, and we established a therapeutic alliance. He said if he had any other problems, he would ask to speak with a psychologist, instead of trying to manipulate staff. He convincingly contracted to seek help in the unexpected event that he had a crisis. "I know Dr. Rhinehart will come and help me if I need him to."

1. The "Prison Suicide Risk Assessment Checklist" was developed by the psychology services staff at the Federal Transfer Center, Oklahoma City, Oklahoma in 1997; David F. Wedeking, Ph.D., Theresa L. Johnson, Ph.D., David K. Carlson, Psy.D., Richard R. Ray, M.S., and Katie N. Levins, M.A.

2. P stands for "Potential Problem Area Identified"; and N/S stands for "Nothing Significant Noted."

SECTION IV CONCLUSIONS AND RECOMMENDATIONS: It was therefore determined that this inmate is not at imminent risk for suicidal behavior. Instead, his verbalization that he might hang himself was determined to represent an effort on his part to manipulate staff. This inmate was encouraged not to manipulate staff like this in the future. He said he would not do this again. Staff are encouraged to closely monitor this inmate, and should they have any concerns about how he is doing, to immediately refer him to the Psych. Dept.

cc: A-Unit Manager, T.M. Murphy
Capt.
HSA
A/W Grimm
Warden
Dr. Rhinehart

000272

BRADFORD REGIONAL MEDICAL CENTER

5 Interstate Parkway
Bradford, Pennsylvania 16701

DEPARTMENT OF PATHOLOGY

SURGICAL PATHOLOGY REPORT

Moshier, Donald
M 43 DOB 8/18/61
MR# 226525

Dr. Horsley/Beam
4447798 FC: 11
ROOM: OP

DATE OF OPERATION: 08-24-04
Received in Pathology: 08-24-04

PATHOLOGY NUMBER: S04-3048

PRE-OP DX: Elevated LFTS
PROCEDURE: CT Guided Needle Biopsy
CLINICAL INFORMATION:

SPECIMEN/LOCATION: CT Guided Needle Biopsy of Liver

GROSS DESCRIPTION: The specimen received in formalin consists of four tan-brown, linear soft tissue fragments, varying from 0.7 to 1 cm in length and 0.1 cm in diameter. The entire specimen is submitted.

MICROSTUDY DIAGNOSIS:

CT Guided Needle Biopsy of Liver:
Cirrhosis of liver, micro-nodular pattern, active. See comment.

COMMENT: Focally hepatocytes show mild to moderate micro and macrovesicular fatty degeneration with focal ballooned hepatocytes, focal areas of piecemeal necrosis. Special stains, trichrome, show increased fibrous tissue. Special stains for Iron do not show increased stainable Iron. The possible etiology includes among others the following: alcoholic cirrhosis, viral hepatitis with cirrhosis. Findings should be clinically correlated.

DATE OF REPORT: 08-26-04

Ally
Syed Ally, MD

REVIEWED BY:

H. Beam
9/7/09
H. BEAM, MD
FCI MCKEAN

000273

Bradford Regional Medical Center116 Interstate Parkway
Bradford, Pa 16701**Department of Medical Records**

Patient: MOSHIER,DONALD	Medical Record #: M000226525	Acct #: V04546554
DOB: 08/18/1961	Age: 43	Sex: M
Admitting MD: Graham, Nathaniel MD	Room/Bed: 446A-1	Location: 4EAST
Admit Date: 04/18/05	Discharge Date: 04/27/05 / 1347	

DISCHARGE SUMMARY

DISCHARGE DIAGNOSIS: Severe acute cholecystitis with signs of gangrene at the gallbladder clinically.

PROCEDURE: Open cholecystectomy.

HISTORY: See HP.

HOSPITAL COURSE: The patient was brought to the hospital and given intravenous fluids and antibiotics in an attempt to cool down his cholecystitis. This was unsuccessful, and he required emergent operation. Because of the amount of guarding and expected amount of inflammation, it was planned as an open procedure which was carried out without complications. He recovered very well, particularly considering his comorbidities including hepatitis C with cirrhosis. He improved gradually. JP drain was left in for 5 days. Kept on Zosyn as an antibiotic. He is now eating regular food. The incision is healing well. He has been having some diarrhea in the last 24 to 48 hours. It appears to be related to his antibiotics. We will get a stool titer for C. difficile. Started him on acidophilus, and I have discussed with Dr. _____ at FCI McKean. He has now been in the hospital for 8 postop days and is ready to be discharged, and he will be followed by the physicians at FCI McKean.

PROGNOSIS: Good in the short term for his cholecystitis. Guarded for his hepatitis.

Job#: 4560034 / 891280

Signed By: _____

Graham, Nathaniel MD

GRAHNA/PRECYSE
DDT: 04/27/05 0911
TDT: 04/27/05 2159
Report Number: 0427-0062
cc:
FCI MCKEAN
Graham, Nathaniel MD

Reviewed by D. Olson, MD
Date: 5/2/05

000274